Permit #	



## City of Houghton Zoning Application/Permit

(Permit not valid until signed by city official)

Applicant to complete all items and return to city office located at:

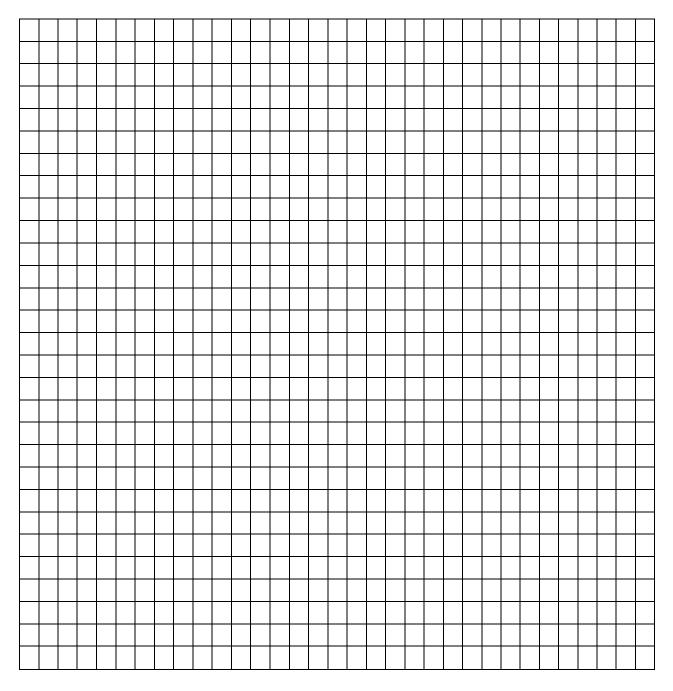
616 Shelden Avenue, Houghton, MI 49931 Phone: (906) 482-1700 Fax: (906) 482-0282

Questions: Contact Jeff Jepsen, 906-483-4642 or e-mail: jeffj@cityofhoughton.com

ocation	n/Owner of	Proje	ect:								
House Nu	ımber:	Stree	reet:						Date of Application:		
Town: Houghton		Subdivision:	odivision:		Lot:		Block:		Lot Size:		
Directions to Site:								Property ID Number:			
Estimated Cost of Improvement:						Approximate Starting Date:					
Owner's Name:							Tel	Telephone Number(s):			
Mailing A	ddress:						II.				
Contractor:					Telephone Number(s):						
Mailing A	ddress:										
Ту	pe of Impro	veme	ent:		Prop	osed Use	:		Dim	nensions/Parking:	
	New Building Addition Repair/Repla Relocation Alteration Prefab/Doub Demolition Driveway Retaining Wa Right of Way Other: Specie	icemer ile Wid	le Home	One Family Home Two or More Family Number of Units Addition of Living Sp Attached Garage Detached Garage/St Building Demolition of Commercial: Proposed Use:			oace		floor are exterior  Number Spaces:	Number of Stories Number of Bedrooms Number of Bathrooms Total square feet of a, all floors, based on dimensions. of Off Street Parking Enclosed Outdoors	
Do we h	nave permiss	ion to	enter proper	ty for i	nspectio	n purposes	? [	□ YES	S 🗆 NO		
			hookup fee \$2 hookup fee \$2			e Invoiced <b>I</b> Invoiced	Fee m	ust be	e paid in full befo	ore meter is installed.	

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. CANCELLED PERMITS CANNOT BE REINSTATED. Please contact the Houghton County Building Department at (906)482-2260 to obtain the building permit.

PLEASE INCLUDE: (1) Size of Lot (2) Size of building and where located (3) Location of existing building(s) (4) Location of driveway (5) Distance of building(s) from front, side, and rear yard lot lines (6) Distance from lake or stream if applicable



By signing, the applicant understands this document is a City of Houghton Zoning Permit and all
applicable building permits required shall be obtained by the applicant.

Signature Date

## FOR ZONING ADMINISTRATOR USE – DO NOT WRITE BELOW

Side Yard:							
□ Zoning Permit Not Required							
□ Storm water Permit Required							
□ Bond Required in amount of \$							
□ Variance(s) needed							
□ Survey Required for Dimensional Variance							
Signature:							
Date Expires:							
_							