



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](mailto:jeffj@cityofhoughton.com)

**Location/Owner of Project:**

House Number:		Street:		Date of Application:	
Town: Houghton		Subdivision:	Lot:	Block:	Lot Size:
Directions to Site:				Property ID Number:	
Estimated Cost of Improvement:			Approximate Starting Date:		
Owner's Name:			Telephone Number(s):		
Mailing Address:					
Contractor:			Telephone Number(s):		
Mailing Address:					

**Type of Improvement:**

**Proposed Use:**

**Dimensions/Parking:**

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Prefab/Double Wide Home <input type="checkbox"/> Demolition <input type="checkbox"/> Driveway <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Right of Way <input type="checkbox"/> Other: Specify _____ _____	<input type="checkbox"/> One Family Home <input type="checkbox"/> Two or More Family, Enter Number of Units _____ <input type="checkbox"/> Addition of Living Space <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage/Storage Building <input type="checkbox"/> Demolition of _____ <input type="checkbox"/> Commercial: Proposed Use: _____ _____ <input type="checkbox"/> Other: Specify _____ _____	_____ Number of Stories _____ Number of Bedrooms _____ Number of Bathrooms _____ Total square feet of floor area, all floors, based on exterior dimensions.  Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors
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Do we have permission to enter property for inspection purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Residential Water/Sewer hookup fee \$2,500	Will be Invoiced <b>Fee must be paid in full before meter is installed.</b>
<input type="checkbox"/> Commercial Water/Sewer hookup fee \$2,600	Will be Invoiced

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.



**FOR ZONING ADMINISTRATOR USE – DO NOT WRITE BELOW**

District:	
Use:	
Front Yard:	
Side Yard:	Side Yard:
Rear Yard:	
<input type="checkbox"/> Site Plan Review Required <input type="checkbox"/> Zoning Permit Not Required	
<input type="checkbox"/> Storm water Permit Required	
<input type="checkbox"/> Bond Required in amount of \$ _____	
<input type="checkbox"/> Variance(s) needed _____	
<input type="checkbox"/> Survey Required for Dimensional Variance	
Notes:	

Approved

Disapproved

Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Expires: \_\_\_\_\_