

CITY OF MUNISING
ZONING COMPLIANCE PERMIT APPLICATION

Applicant _____
Street/Box _____
City _____
State/Zip _____
Daytime Phone _____

For Zoning Administrator Use Only	
File #	_____
Date	_____
Receipt #	_____
Tax Code #	_____
Fee Paid	_____

Applicant's Interest in Property _____

Complete Legal Description of Site: T ___ N, R ___ W, Section ___

Current Zoning _____

Proposed Use of the Structure and/or Land _____

Proposed Home Occupation (if applicable) _____

Required site plan may be sketched on back or attached. Site plan must comply with Section 604 or 605.

Date

Owner's Signature

ZONING ADMINISTRATOR ACTION:

Approved _____ Denied _____

Remarks _____

Signature _____ Date _____
Zoning Administrator