Gratiot County
Department of Community Development
214 E Center St., Ithaca, MI 48847
planning@gratiotmi.com / www.gratiotmi.com
(989) 875-5201

Office Use Only:
Date Received

Zoning Permit Application (Fee of $60.00)

Elba, Hamilton, Lafayette, Newark, North Star and Sumner Townships

1. Property Owner/Applicant Information

NAME:	MAILING ADDRESS:	
CITY/VILLAGE:	STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE #:	

2. Project Information

ADDRESS:	CITY/VILLAGE:	
STATE:	ZIP CODE:	PARCEL #:

TOWNSHIP: ☐ ELBA ☐ HAMILTON ☐ LAFAYETTE ☐ NEWARK ☐ NORTH STAR ☐ SUMNER

☐ **RESIDENTIAL PROJECT:** **Check all that apply below**

Project Type	Dimensions	Setbacks (Distance to Lot Line in Feet)
☐ New Home	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Garage	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Deck/Porch	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Addition	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Renovation	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Shed	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Solar	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Other	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____

☐ **COMMERCIAL PROJECT**: **Check all that apply below**

Project Type	Dimensions	Setbacks (Distance to Lot Line in Feet)
☐ New Structure	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Addition	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____
☐ Other	☐ WxLxH:	Front: _____ Rear: _____ Left Side: _____ Right Side: _____

3. Applicant Information

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES APPLICABLE TO THIS APPLICATION. APPLICANT HEREBY CERTIFIES THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND AGREES TO CONFORM TO THE GRATIOT COUNTY ZONING ORDINANCE. ALL INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF APPLICANTS KNOWLEDGE.

X_____ _____

Applicant Signature Date

DEPARTMENT USE ONLY

APPLICATION – ☐ APPROVED ☐ DENIED

_____ _____

Zoning Administrator Signature **Date**

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