Directions for submitting a Zoning Permit via email:

1. Open this document in Adobe Acrobat (zoning application is on pg. 2 below)
2. Fill out information on front page of application
3. For the Plot Plan section of the application either:
    a. Attach a file containing your plot plan by clicking the attach file box. Check the box under the attach file button if you choose this option.
        i. NOTE: To view an attached file, go to view menu-> show/hide -> navigation panes -> attachments.
    b. Draw in your plot plan in the space provided using Adobe or other means.
4. Digitally sign and date the application
5. Save file
6. Once the final application is saved, click the "submit electronically" button under the signature box. This will prompt your system to open your default email application (such as outlook) or will allow you to use Webmail such as Gmail, Yahoo, Live, etc.

This application can also be printed, filled out by hand, and scanned and emailed to: LUS-BD@otsegocountymi.gov or submitted in person or mailed to Land Use Services (225 W Main St, Gaylord, MI 49735). Hard copies of this application are available to pick up and submit at 225 W Main St, Gaylord, MI 49735.

Please allow 7-10 business days for application review. You will receive a notification via email once an application has been approved or denied. Once an application has been approved, you can pay over the phone via credit card (989-731-7400), submit a check to Otsego County Land Use Services, or pay with cash.

Please contact Planning and Zoning with any questions: (989) 731-7400 option #2.

PERMIT NUMBER:_____

OTSEGO COUNTY
LAND USE SERVICES

225 W MAIN ST, GAYLORD MI 49735
PHONE: 989.731.7400
EMAIL: LUS-BD@OTSEGOCOUNTYMI.GOV
www.otsegocountymi.gov

APPLICATION FOR ZONING PERMIT

Date:	Parcel Number: _____ - _____ - _____ - _____		
Township:	Zoning District:	Section:	T _____N/R _____W

PROPERTY LOCATION: ***(REQUIRED)***

Address:	City:	Zip Code:

PROPERTY OWNER :

Name:		Phone:	
Address:	City:	State:	Zip Code:
Email:			

CONTRACTOR:

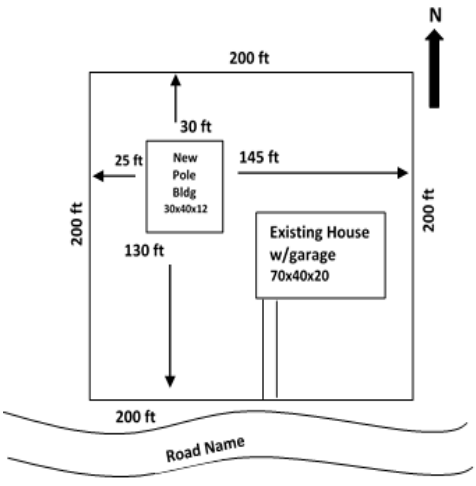
Name:		Phone:	
Address:	City:	State:	Zip Code:
Email:	**LICENSE #**		

DESCRIPTION OF WORK TO BE COMPLETED / USE:

Will this structure contain living space? YES: ☐ NO: ☐

PLOT PLANS SHALL CONTAIN ALL OF THE FOLLOWING:

1. **North arrow**
2. **Name and location of existing road/easement and body of water (if waterfront lot)**
3. **Shape and dimensions of lot**
4. **Location, dimensions and height of the existing and proposed structures to be erected, altered, or moved on the lot.**
5. **Distance from each side of the proposed structure or addition to the respective property line and high water mark (if waterfront lot)**
6. **Any information deemed necessary by the Zoning Administrator to determine compliance with the Ordinance**



SAMPLE PLOT PLAN

*****TURN SHEET OVER FOR DRAWING AREA AND SIGNATURE LINE*****

Plot Plan Drawing Area:



Applicant Signature:	Date:

***By signing this application, you attest to the following:**
I attest that all information submitted in this application to be true; if not, application may be revoked
I agree to comply with zoning requirements and any conditions placed on this permit
Permission is granted to any official of the municipality, county and/or state to enter the property for purpose of gathering information concerning this application and/or inspections

******OFFICE USE ONLY******

Zoning District:	Parcel Size:	Use of Proposed Structure:			
Setback Requirements:	Front:	Side:	Side:	Rear:	
Building Size:	Width:	Length:	Height:	1st Floor:	2nd Floor:
Accessory Building Size:	Width:	Length:	Height:	1st Floor	2nd Floor:
☐ Not Required		☐ Approved		☐ Denied	
☐ Soil Erosion		☐ Soil Erosion Waiver			
Notes:					
Zoning Permit Number :		Soil Erosion Permit Number :			
Zoning Administrator:			Date:		