

**CITY OF MANISTIQUE  
300 N. MAPLE ST  
MANISTIQUE, MI**

City/County \_\_\_\_\_  
Building Code Administrator \_\_\_\_\_  
City of Manistique Zoning Administrator \_\_\_\_\_  
Greg Hase \_\_\_\_\_  
(906)341-6624 \_\_\_\_\_

City of Manistique  
(906)341-2290

**ZONING COMPLIANCE PERMIT**

Owner \_\_\_\_\_ Telephone #(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Legal  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS FOR SITE PLAN OR PLOT:**

Your application will not be processed unless this form has been completed correctly and in its entirety (front and back).  
For site drawing, PLEASE USE A STRAIGHT EDGE.

1. Site plan must show
  - A. Complete drawing of entire property, including roads, with all property line dimensions.
  - B. All proposed structures with dimensions including height of building.
  - C. Distances between all property lines and all proposed structures outside walls. Where those distances exceed 100 feet, simply write "100+".

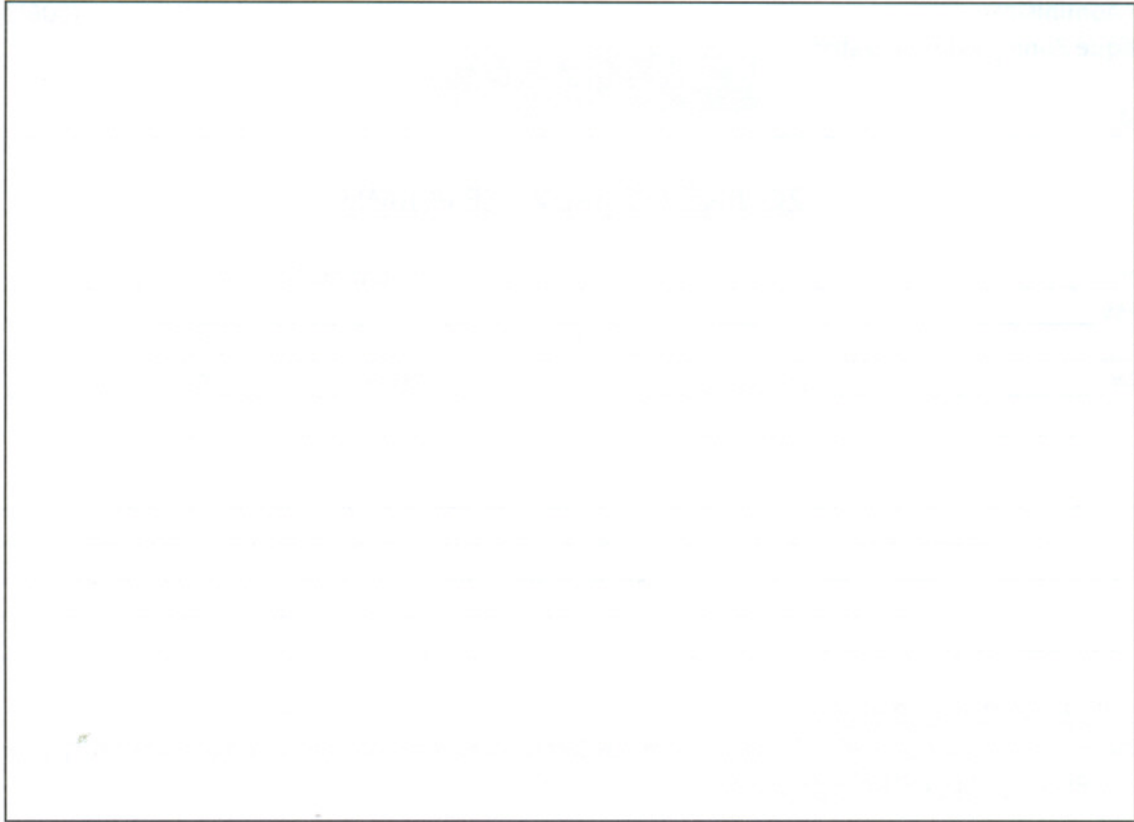
2. What will the new structure be used for such as:  
Residential living ( ) Residential Storage ( ) Commercial/Industrial ( ) Other ( ) – please  
Specify \_\_\_\_\_

3. List all other structures presently on the property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: DEPENDING ON YOUR PLANS, OTHER REQUIRED PERMITS MAY INCLUDE BUT ARE BY NO MEANS LIMITED TO THE FOLLOWING; BUILDING, ELECTRICAL, MECHANICAL, PLUMBING, SOIL EROSION AND SEDIMENTATION, WELL, SEPTIC, DUNES, WETLANDS, ETC. PLEASE CHECK WITH THE PROPER AUTHORITIES.**

DRAW A SKETCH OF THE PROPERTY AND STRUCTURES WITH DIMENSIONS OF EACH. TOP OF PAGE IS NORTH.  
PLEASE USE A STRAIGHT EDGE FOR THE SITE PLAN DRAWING.

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\*\*\* DO NOT WRITE BELOW THIS LINE – FOR ZONING DEPARTMENT USE ONLY \*\*\*

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Existing use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Restrictions or Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zoning Fee Paid? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

Date: \_\_\_\_\_ Zoning Administrator \_\_\_\_\_