

**SUGAR ISLAND TOWNSHIP • 1966 WEST SIX MILE ROAD • SAULT STE. MARIE, MI 49783  
APPLICATION FOR ZONING COMPLIANCE PERMIT**

The following PERMITS are required for various building projects (additions, new building, etc. ) at least two (2) are required for any project:

Zoning Administrator Jim Molitor	906/632-3019	Chippewa Co. Health Dept. (Well & Septic)	906/635-6362
Chippewa Co. Road Comm.	906/635-5295	Dept. of Envr. Quality (Wetlands/Waterfront)	800/662-9278
Chippewa Co. Building Dept.	906/635-6362	U.S. Corps of Engineers (Docks/Dredging)	906/632-3311
Dept. of Soil Conservation/Erosion	906/635-6362	Electric Permit (Lon Kologe)	906/484-2053
Mechanical Permit (Ken Nightlinger)	906/484-2167	Plumbing Permit (Dave Yeager)	906/484-3055

**A PLOT PLAN, DRAWN TO SCALE, SHOWING EXISTING & PROPOSED BUILDINGS AND STRUCTURES FOR SAID PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION ON ATTACHED SHEET.**

Application is made for: (check one) (Print) Owner's Name: \_\_\_\_\_  
 Dwelling Local Address: \_\_\_\_\_  
 Non-Dwelling (garage, pole bldg.) Telephone: \_\_\_\_\_  
 Altering Existing Buildings/Add-Ons Home Address: \_\_\_\_\_  
 Land Use Telephone: \_\_\_\_\_

Structure Type, Size, & Square Footage: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Tax I.D. Number: \_\_\_\_\_

Building Height: \_\_\_\_\_

Lot Area (Length & Width): \_\_\_\_\_ Floor Area (Sq. Ft.): \_\_\_\_\_

Waterfront or N. Setback: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Waterfront or E. Setback: \_\_\_\_\_ Min. Dist. Between Bldgs. (10' min): \_\_\_\_\_

Waterfront of W. Setback: \_\_\_\_\_

Waterfront or S. Setback: \_\_\_\_\_

**The Applicant is:** (check one)

\_\_\_\_\_ Owner      \_\_\_\_\_ Acting on behalf of the owner

I, \_\_\_\_\_, do hereby swear that the above information is correct and true to the best of my knowledge and that zoning inspectors have my permission to conduct on-site inspections as deemed necessary. Any misrepresentations or incorrect data will void this application, even if approved, if found to be so at a later date.

Owner's Signature: \_\_\_\_\_ Contractor's Signature: \_\_\_\_\_

Contractor's Name (print): \_\_\_\_\_

Contractor's License#: \_\_\_\_\_

Zoning Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Rec'd: \_\_\_\_\_

**Zoning Compliance Permit for use of the above property is hereby:**

**Granted - Permit valid for 2 years from date of issuance.**

**Denied, reason being:** \_\_\_\_\_

\_\_\_\_\_

**Note: Original to Township, Copy to Customer. USE ATTACHED FOR PLOT/SITE PLAN.**



# SITE PLAN

