



OFFICE USE
Parcel: 41-06-_____ - _____ - _____
Permit Approved: _____
Permit Number: _____ - _____ - ZC

ZONING COMPLIANCE PERMIT APPLICATION

A Zoning Compliance Permit must be obtained and approved by the Algoma Township Zoning Administrator before a Building Permit will be issued by Imperial Municipal Services

Date: _____ Zoning District: _____

Location Address: _____

OWNER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: (work/cell/home?) _____

Email: _____ Fax: _____

APPLICANT INFORMATION: If different from Owner Info. (i.e. Builder, architect, engineer, sign comp.)

Company: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: (office, cell?) _____

Email: _____ Fax: _____

Permit Requested For: (Circle all that apply)

House	Existing/Addition	Accessory Bldg	Pool	Deck	Demolition
-------	-------------------	----------------	------	------	------------

Explanation of Request: _____

Planning/Zoning Department Office Hours:

Tuesday, Wednesday and Friday 8:30 – 4:30 (Winter) Friday 8:30 – 1:00 (Summer)

ZONING PERMIT APPLICATION CHECKLIST

***Please use a separate sheet of paper to draw a diagram (site plan) showing all of the following items:

SITE PLAN

	Yes	No	N/A	
				1. Dimensions of the lot and acreage (all sides)
				2. Location with distances to lot-lines of all existing and proposed structures
				3. Dimensions and square footage (footprint) of all existing structures
				4. Distance between all existing structures
				5. Location of all roads and easements bordering or on the property.
				6. Location of any power and gas lines on the property
				7. Location of any lakes, rivers, streams or wetlands on or near the property
				8. Are you in a flood plain district?
				9. An arrow indicating the direction of North
				10. New Homes: Driveway clearance of at least 12ft wide
				11. New Homes: Survey of property showing exact build location
				12. Sign and date site plan

BUILDING

	Yes	No	N/A	
				1. Set of Building plans (If larger than 11 ½ x 14, provide a digital copy)
				2. Show overall building height
				3. Show building square footage
				4. If accessory building:
				a. Door height _____ ft.
				b. Eave wall height _____ ft.

Applicant Signature: _____ Date: _____

*****Application will not be processed without complete information and signature**