

# CITY OF ITHACA ZONING APPLICATION



Application for:

- |   |  |
|---|--|
| <input type="checkbox"/> Rezoning         | <input type="checkbox"/> Variance      |
| <input type="checkbox"/> Special Use      | <input type="checkbox"/> Land Division |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other         |

This application will not be accepted if incomplete. All required materials including Site Plan Reviews, must be submitted at least 10 business days prior to the next Planning Commission meeting. Planning Commission meetings are held on the second Tuesday of each month.

## APPLICANT/OWNER INFORMATION

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

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

## PROPERTY INFORMATION

Address or Location: \_\_\_\_\_

Permanent Parcel# \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Property Size: \_\_\_\_\_

## TYPE OF IMPROVEMENT and/or PROJECT

- New Construction    Addition    Alteration    Repair    Demolition    Relocation
- Mobile Home Set-up    Pre-manufacture    Other \_\_\_\_\_

## PROPOSED USE of BUILDING

### Residential

- One Family
- Two or more family - # of units \_\_\_\_\_
- Hotel/motel - # of units \_\_\_\_\_
- Attached garage
- Detached garage
- Other \_\_\_\_\_

### Non-Residential

- Amusement    Office/bank
- Church, religion    Public utility
- Industrial    School/library
- Parking garage    Store
- Service Station    Tanks, towers
- Hospital, institution    Other \_\_\_\_\_

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HEREBY GRANT PERMISSION FOR EMPLOYEES, STAFF, AND MEMBERS OF THE CITY OF ITHACA, PLANNING COMMISSION, BOARD OF APPEALS AND/OR ZONING ADMINISTRATOR TO ENTER THE ABOVE DESCRIBED PROPERTY (OR AS DESCRIBED IN THE ATTACHED DOCUMENTS) FOR THE PURPOSE OF GATHERING INFORMATION RELATED TO THIS APPLICATION.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

White – City Code Enforcement

Yellow – County Inspector

Pink – Applicant

