

# CITY OF ITHACA ZONING APPLICATION

## Application for:

- |   |  |
|---|--|
| <input type="checkbox"/> Site Plan Review   | <input type="checkbox"/> Zoning Permit |
| <input type="checkbox"/> Variance           | <input type="checkbox"/> Rezoning      |
| <input type="checkbox"/> Special Use Permit | <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 #: 52- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Property Size: \_\_\_\_\_ ft.<sup>2</sup> \_\_\_\_\_ Acres (ft.<sup>2</sup> / 43,560 = acres)

## TYPE OF IMPROVEMENT and/or PROJECT

- New Construction    Addition    Alteration    Repair    Demolition    Relocation    Deck  
 Mobile Home    Pre-Manufactured    Accessory Bldg.    Fence    Other \_\_\_\_\_

## PROPOSED USE of BUILDING

### Residential

- Single-family  
 Two or more family - # of units \_\_\_\_\_  
 Attached garage  
 Detached garage  
 Accessory building / shed  
 Other \_\_\_\_\_

### Non-Residential

- Office / Financial Institution    Restaurant / Bar  
 Place of Assembly (church, fellowship hall, etc.)  
 Public / Private Utility    Public Service  
 Hotel / Motel - # of units \_\_\_\_\_    School  
 Parking Lot / Parking Garage    Store / Retail  
 Gas / Service Station    Tanks / Towers  
 Hospital / Medical    Personal Service  
 Recreation / Amusement    Industrial  
 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 CITY OF ITHACA AND THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HEREBY GRANT PERMISSION FOR CITY EMPLOYEES, INCLUDING THE ZONING ADMINISTRATOR, AS WELL AS MEMBERS OF THE CITY OF ITHACA PLANNING COMMISSION AND ZONING BOARD OF APPEALS 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: \_\_\_\_\_

