



City of Frankfort • 412 Main Street • P.O. Box 351 • Frankfort, Michigan 49635-0351
Phone: (231) 352-7117 • Fax: (231) 352-7100

Application for Zoning – Land Use

APPLICANT: Name: _____

Address: _____

Telephone: _____ **Facsimile:** _____

OWNER: Name: _____

(if different Address: _____

from applicant) Telephone: _____ **Facsimile:** _____

DESCRIBE YOUR REQUEST (attach additional pages): _____

PROPERTY ADDRESS: _____

PARCEL TAX ID NUMBER: _____

LEGAL DESCRIPTION OF PROPERTY (attach additional pages): _____

PRESENT ZONING OF PROPERTY: _____

PRESENT USE OF PROPERTY: _____

APPLICANT REQUIREMENTS: (Please check all that apply)

- 1...Paid fee (as established by the City Council) to the City for consideration of this application. \$ _____
- 2...Size of building, structure, addition: _____
- 3...Attached plans, drawings, specifications for the proposed land use and buildings/structures.
- 4...Attached evidence of the seating/sleeping capacity, all operations, and services to the public.

SIGNATURES:

I (we), agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be revoked. Further, I agree any permit that may be issued is with the understanding all applicable sections of the Frankfort City Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for the City of Frankfort for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I understand this is a zoning permit application (not a permit) and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Applicant's Signature

Date

Owner's Signature

Date