

VILLAGE OF CLARKSVILLE

162 S. MAIN

P.O. Box 118

CLARKSVILLE, MI 48815

Zoning Permit Application

This application must be completed in full and approved by the Village Zoning Administrator before beginning any construction, excavation or use regulated by the Clarksville Zoning Ordinance.

Applicant Information

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Numbers (____) _____ (____) _____

Property Owner Information (if different from applicant)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Numbers (____) _____ (____) _____

Contractor Information (if built by licensed contractor)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Numbers (____) _____ (____) _____

License Number _____

Proposed Construction Type (check all that apply)

<input type="checkbox"/> New house	<input type="checkbox"/> Deck	<input type="checkbox"/> Alteration
<input type="checkbox"/> House addition	<input type="checkbox"/> Pool	<input type="checkbox"/> Foundation only
<input type="checkbox"/> Move building	<input type="checkbox"/> Demolition *	<input type="checkbox"/> Repair
<input type="checkbox"/> Garage /carport	<input type="checkbox"/> Fence	<input type="checkbox"/> Sign
<input type="checkbox"/> Storage building	<input type="checkbox"/> Other	

*Must attach a pre-approved Ionia County Demo Permit reflecting utility disconnections and Proof of Liability Insurance naming Village of Clarksville as Certificate Holder and Additional Insured

Property Information

Address _____

City _____ State _____ ZIP _____

Dimensions: (length) _____ (width) _____ (height) _____

Number of floors: _____

Parcel Number: 34-031-_____

*attach legal description if number not yet assigned

Zoning District: R-1 R-2 A-1 MF P TC BC DI

Setback Distances:

Front (from street right of way or centerline of road) _____

Side _____ Side _____ Rear _____

Lot Size: _____ (acres)

Affidavit

I certify and affirm that I am the property or building owner or the owner’s authorized agent and that I agree to conform to applicable zoning laws of the Village of Clarksville. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this location.

Signature _____ Date _____

Zoning Administrator Use

Application Status Approved Denied

Reason for Denial _____

Notes _____

Zoning Administrator Signature _____

Date _____

OFFICE USE ONLY	Fee _____	Date Received _____	Receipt # _____
Payment Received by _____	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		

Site Plan

Use the space below to draw a site plan showing the proposed location of the new construction or additions to any existing structures. Include the location of existing structures and dwellings. Indicate the distances of the proposed construction to your lot lines, road right of way or road centerline, easements, and shorelines. For new accessory structures also include the distance to the dwelling.