



whitefishtownshipmi.gov  
P.O. Box 350 Paradise, Michigan 49768  
(906) 492-3452 ext 6  
Office of the Zoning Administrator  
zoningadmin@whitefishtownshipmi.gov

LAND USE APPLICATION &/OR PERMIT #: \_\_\_\_\_

Date Approved, or Not Approved: \_\_\_\_\_

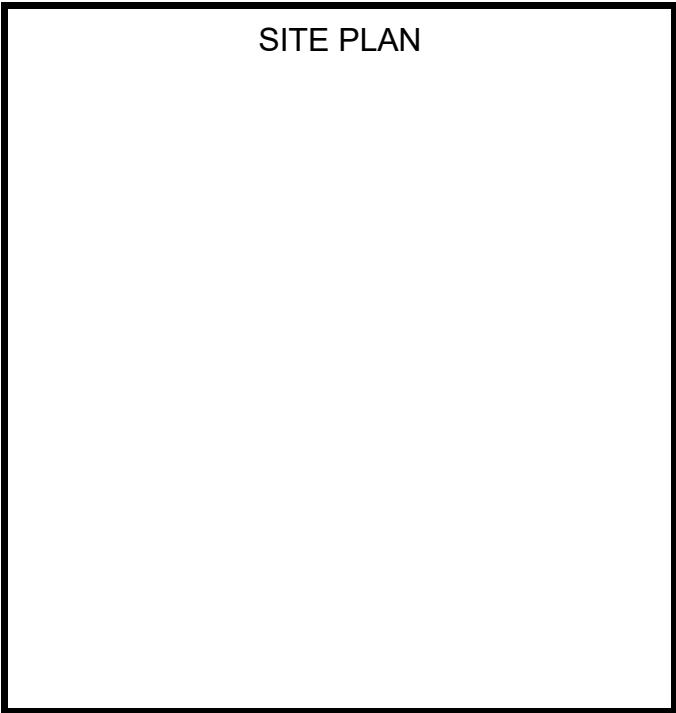
Date received by Zoning Administrator: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Paid Via: \_\_\_\_\_ Reference: \_\_\_\_\_

Fee to Treasure: Date: \_\_\_\_\_

Permit to Assessor: Date: \_\_\_\_\_



SITE PLAN

**APPLICATION FOR LAND USE PERMIT – ZONING**

- Attach Site Plan and any supplementary information on additional pages. -
- Contact Zoning Administrator with any questions to make your Application complete. -

1. Property Address: \_\_\_\_\_

2. Parcel Number: 017-016- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Parcel Dimensions: \_\_\_\_\_

4. Attach Dimension-ed Site Plan: showing:

North arrow.

Lot lines.

All structures.

Lot line setbacks to existing and proposed new structures.

Adjacent or across-parcel road(s), rights of way, or easements.

Private roads, driveways, fences, enclosure walls and barriers.

Parking areas, waste disposal areas, and outdoor storage areas.

Shoreline(s), inland waterways, and wetlands.

Locations of septic system(s) and well(s).

5. The specific Land Use being applied for: (examples: “build new garage... build new single family residence... demolish existing cabin...” etc. - show details on Site Plan, or other attachments.)

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6. Zoning District: (circle one):  
Residential Commercial Recreational Forest Light Industrial  
Preservation District Planned Unit Development

7. Is the parcel within a subdivision?: Y / N  
Subdivision Name: \_\_\_\_\_

8. Are there Deed Restrictions?: Y / N  
Attach any Deed Restrictions.

9. Land Owner's:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date signed: \_\_\_/\_\_\_/\_\_\_

Architect, Engineer or Agent's:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date signed: \_\_\_/\_\_\_/\_\_\_  
(A Notarized Owner's Affidavit must be attached for any Agent representing the Owner in this matter.)

Attestation: I affirm that the information provided is complete and correct to the best of my knowledge and understanding. I am aware that any false or misleading information may result in administrative, civil, or criminal consequences.

Signature(s): \_\_\_\_\_ Date signed: \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_, grant permission for Whitefish  
Township Personnel to visit the site. Date signed: \_\_\_/\_\_\_/\_\_\_

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APPROVED: \_\_  
Date: \_\_\_\_\_

NOT APPROVED: \_\_  
Reason(s): \_\_\_\_\_

By: \_\_\_\_\_