



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

LAND USE APPLICATION & / OR PERMIT #

Date Approved, or
Not Approved: _____

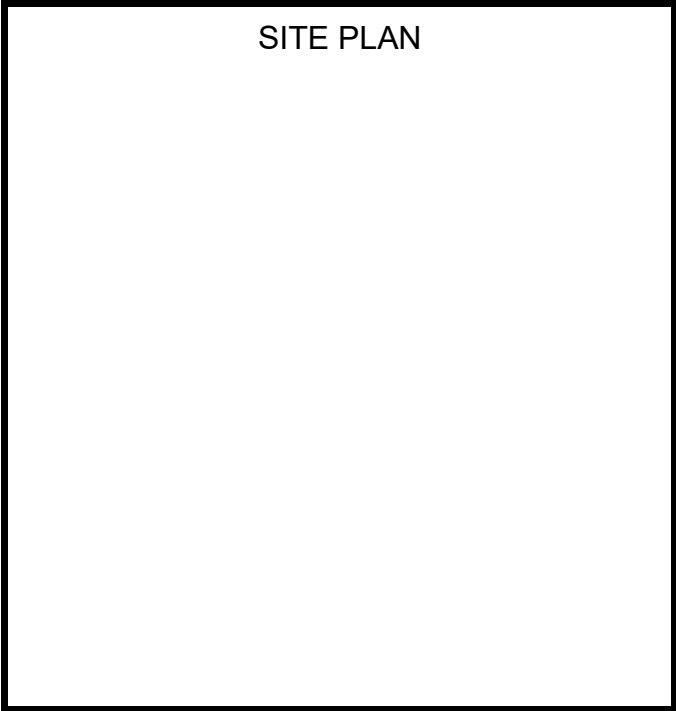
Date received by Zoning Administrator: _____

Date Fee Paid: _____ Received By: _____

Paid Via: _____ Reference: _____

Fee to Treasure: Date: _____ by: _____

Permit to Assessor: Date: _____ by: _____
(form revision approved 11/07/24 by Whitefish Township Board)



SITE PLAN

**APPLICATION FOR LAND USE
PERMIT – ZONING**

- Attach **SITE PLAN WITH DIMENSIONS** (or show above), 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 (or show above) **SITE PLAN WITH DIMENSIONS**: 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** above, or in attachments.)

6. Zoning District: (circle one):

Residential Commercial Recreational Forest Light Industrial
Preservation District Planned Unit Development Tourist District

7. Is the parcel within a subdivision: Y / N

Subdivision Name: _____

8. Are there Deed Restrictions? Y / N

Attach any Deed Restrictions.

9. Landowner's:

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Signature(s): _____ Date signed: ____/____/____

9.a. Architect, Engineer or Agent's: (if any)

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: ____/____/____

10. I, _____, grant permission for Whitefish Township

Personnel to visit the site.

Date signed: ____/____/____

=====

APPROVED: _____

NOT APPROVED: _____

By: _____

Date: _____ Reason(s): _____