

CITY OF ST JOHNS
ZONING PERMIT APPLICATION

OWNER: _____

ADDRESS: _____

PHONE (HOME): _____ (WORK OR CELL) _____

TAX PARCEL #: 19-300-_____ ZONING DISTRICT: _____

ESTIMATED CONSTRUCTION COSTS: \$ _____

CONTRACTOR: _____

ADDRESS OF PROJECT IF DIFFERENT FROM ABOVE:

PROPOSED ACTION(S): _____

PLEASE NOTE THE FOLLOWING REQUIREMENTS

Any construction activity may be subject to Clinton County's Soil Erosion Sedimentation Control (SESC) Ordinance. The applicant must verify if the proposed work requires a permit or is exempt:

The proposed activity at this address:

_____ Requires an SESC permit prior to Zoning Approval (attach copy of permit)

_____ Is exempt from SESC requirements

CLINTON COUNTY DRAIN COMMISSIONERS OFFICE

DATE

All construction activities are subject to City Ordinance requirements for grading and filling and storm water discharge. Each worksite shall be staked and inspected prior to Zoning Approval.

APPLICANTS SIGNATURE

DATE

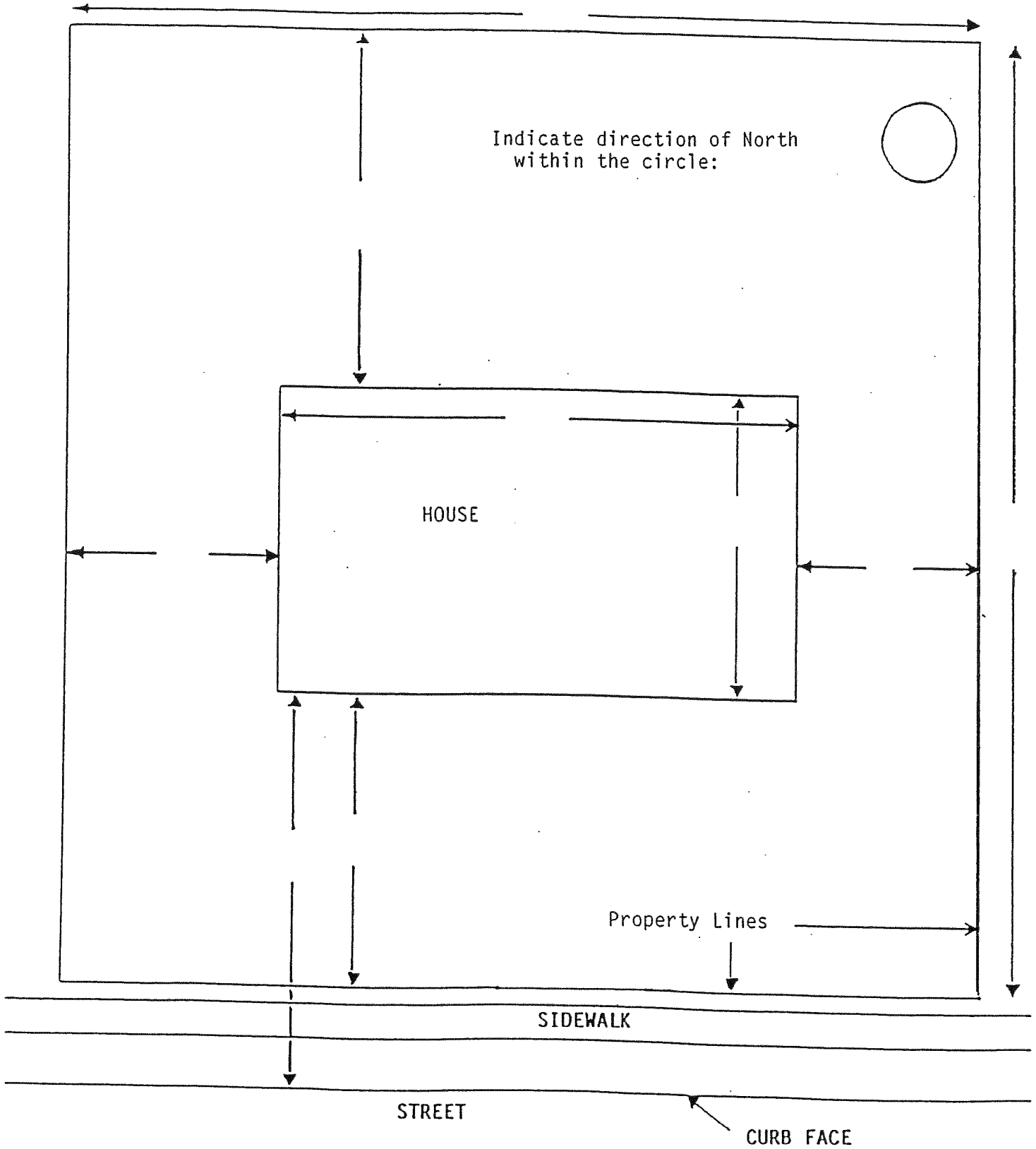
DAVE KUDWA, ZONING ADMINISTRATOR

DATE

APPLICATION APPROVED: _____ APPLICATION DENIED: _____

PLEASE COMPLETE SITE PLAN ON REVERSE SIDE

RESIDENTIAL SITE PLAN



PROPERTY ADDRESS: _____

DRAW IN ANY OUT BUILDINGS AND THEIR MEASUREMENTS TO THE PROPERTY LINE