

\$30.00 Fee

Email: permits@escanaba.org
Mail: Community Development Dept., PO Box 948, Escanaba, MI 49829
In Person: 410 Ludington Street, 2nd Floor

Permit # _____

Permit Date _____

CITY OF ESCANABA

CHANGE OF USE/HOME OCCUPATION PERMIT

We, the undersigned, owner(s) of the following described property hereby apply to you for a Zoning Permit for Change of Use or Home Occupation. The applicant certifies the information submitted is accurate. The applicant states that he/she has the property owner's authority to execute this agreement and permit. Any certificate issued upon a false statement of any fact which is material to the issuance hereof, shall be void. All questions must be answered.

PROPERTY INFORMATION

Property Address: _____

Parcel #: _____

OWNER INFORMATION

Owner Name(s): _____

Owner Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

PERMIT REQUEST INFORMATION

Type: (check one)

Change of Use - From _____ to _____

Home Occupation - Type of Business _____

*NOTE: Please review the Zoning Ordinance related to Home Occupation conditions, permitted uses, and non-permitted uses. **Uses not specified in the Zoning Ordinance may be reviewed by Planning Commission.** Signing and submitting this application indicates your understanding of and compliance with these ordinances. (Residence A – Section 502.1 E; Residence B – Section 602.1 K; Residence C – Section 702.1 P)*

I request a review by the Planning Commission for a use not specified in the Zoning Ordinance. **(\$250 fee)**

Submitted By (Please Print): _____

Phone: _____ Email: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY BELOW THIS LINE

Zoning Designation: _____

APPROVED

DENIED

Special Requirements of Approval / Reason for Denial

Signature of Reviewer:

Date:

Planning Commission Decision: Approved Denied

Date: _____

Comments:

**LETTER OF AUTHORIZATION TO OBTAIN A ZONING PERMIT FOR
CHANGE OF USE OR HOME OCCUPATION**

All applications for permits must be submitted to the City of Escanaba for review and approved prior to permit issuance. The purpose of this form is to authorize an outside party to obtain zoning permits on behalf of the property owner. By authorizing this letter, the property owner fully understands complete ordinance compliance is the ultimate responsibility of the property owner.

DATE: _____

To Whom It May Concern:

I, _____, as the owner or agent for the property listed as
_____, Escanaba, MI 49829 do authorize

(Contractor/Architect/Engineer) or their authorized agent, to obtain a zoning permit for
the above referenced property on my behalf.

Owner or Agent Signature: _____ Date: _____

Phone Number: _____

Email Address: _____

Sworn and subscribed to before me this _____ day of _____, 20____ and
being personally known to me as _____.

Notary Public

My commission expires: _____, for Delta
County, MI.

