

**\$30.00 Fee**

**CITY OF ESCANABA**

**APPLICATION FOR ZONING PERMIT – CHANGE OF USE/HOME OCCUPATION**

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: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Assessor (Parcel) Number: \_\_\_\_\_

Property Zoned: \_\_\_\_\_

**OWNER INFORMATION**

Owner Name(s): \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY BELOW THIS LINE**

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: \_\_\_\_\_

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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.

