



Fee: <u>\$375/commercial</u>
Date Rec'd: _____
Application #: _____
Meeting Date: _____

City of Flint
Planning & Zoning Department
1101 S Saginaw Street Room S105, Flint, MI 48502
Phone: (810)766-7426
www.cityofflint.com/departments/planning-and-zoning/

Application for Zoning Permit			
<input type="checkbox"/> Single-Family Detached and Two-Family Lots		<input type="checkbox"/> Attached Single Family, Multiple-Family, Mixed-Use and Non-Residential Lots	
Property Address & Parcel ID Numbers	Property or Street Address:		
	Parcel I.D. Number(s):		
Zoning District:			
Project Description			
	Does the project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there any easements on the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant (Must have a legal interest in the property)	Name: _____		
	Firm: _____		
	Address: _____		
	City: _____		
	State: _____		Zip Code: _____
	Phone: _____		Email: _____
	<input type="checkbox"/> Own the property		
	<input type="checkbox"/> Lease the property, if so what is term of lease?		Years: _____ W/ options? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Have offer to purchase property (attach purchase agreement)		
	<input type="checkbox"/> Other property interest: (e.g., architect, attorney, contractor, etc.)		
	Applicant Signature: _____		

Primary Contact <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			
Property Owner <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			

Please note:
The non-refundable fee made payable to the City of Flint must accompany your application.

Staff reviews can often be handled in a walk-in visit but may take longer than two (2) business days depending on the individual project or case load.

Plot Plan Requirements (Section 50-186) (See Next Page) - Applicant Checks Items.				
Requirements	Yes	No	N/A	Comments
1. The actual shape, location and dimensions of the lot and all setbacks				
2. The location and names of all roads, other rights-of-ways or bodies of water bordering the property				
3. The shape, length, width, height, area, lot coverage, and location of all buildings or other structures to be erected, altered or moved and of any building or other structures already on the lot				
4. The existing and intended use of the lot and of all such structures upon it, including the number of dwelling units if applicable				
5. All parking stalls including designated handicap parking				
6. New signage or modifications to signs				
7. Exiting and additional landscaping/fencing/buffering if applicable				
8. Such other information concerning the lot or adjoining lots as may be essential for determining whether the provisions of this Chapter are met.				

OFFICIAL USE ONLY

I hereby certify that I have reviewed the plans for the purpose of zoning compliance only, not for construction.

Address & PID _____

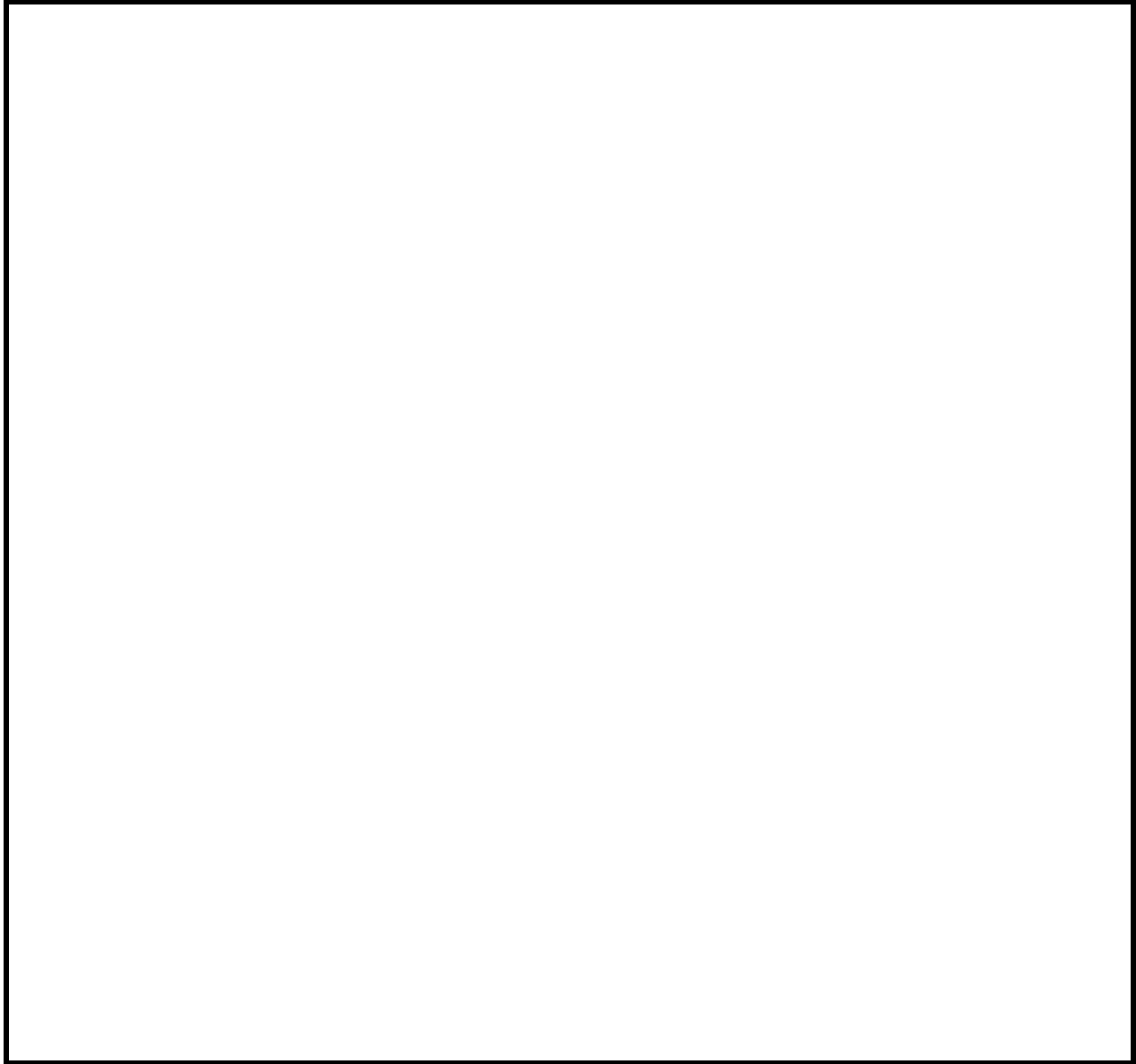
Zoning Compliance Certificate: Approved _____ Approved as noted _____ Denied _____

Comments / Reasons for Denial: _____

Zoning Official _____

Date _____

Plot Plan



Legend/Additional Information

Please clearly sketch a plot plan for the project in the box above. Drawing must follow requirements in Plot Plan Requirements. This box can be used to provide additional information and a legend of symbols and colors used. Please keep the drawing close to scale and draw clearly.

