CITY OF FLINT
CERTIFICATE OF ZONING COMPLIANCE

Date: _____
Application #_____
Review Fee $_____

Applicant Information:

Name:_____Email Address: _____

Street Address:_____City:_____State_____Zip_____

Phone: _____ Cell:_____Fax: _____

Property Owner:

Name:_____Email Address: _____

Street Address:_____City:_____State_____Zip_____

Phone: _____ Cell:_____Fax: _____

If the application is made by other than the owner, it shall be accompanied by a duly verified affidavit of the owner or agent thereof that the application and the proposed work or operation is authorized by the owner. If the owner or lessee is a corporate body, the full name and address of the responsible officers shall be provided.

Site Address: _____

Parcel # (s)_____Zoning Classification(s)_____

Current use of site/structure _____

Proposed Use - Type of Construction/Alteration _____

_____

Please attach detailed description of proposed use and site plan.

*****ALL OF THE ABOVE INFORMATION IS REQUIRED*****

Application must accompany 3 copies of scaled site plans meeting the requirements of the Zoning Official. In case of any false statement or misrepresentation of fact on the application or plans on which the certificate is based, any zoning compliance certificate issued thereto shall be deemed null & void.

I hereby acknowledge the above facts and those on the attached site sketch and prints to be true to the best of my knowledge and state that said construction and/or occupancy of the structure and/or site shall occur in accordance with this certificate. Further, I agree to give permission for officials of the City Of Flint to enter the property for purposes of inspection.

_____ _____ _____
Signature of Applicant **Print/type name** **Date**

_____ _____ _____
Signature of Property Owner **Print/type name** **Date**

OFFICIAL USE ONLY

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

Existing legal non-conformities: No/Yes: _____

Zoning Compliance Certificate: Approved_____ Approved as noted_____ Denied ____

Comments / Reasons for Denial: _____

_____

_____ _____
Zoning Official Date