



iworQ Permit Number _____

Date: _____

A non-refundable application fee of \$10 is required at the time this application is submitted.

Zoning Compliance Permit Application

Applicant/Contractor Information

Owner Information (If Different from Applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Property/Proposed Building Information

Check All That Apply

Project Address: _____

Parcel ID Number: 070 - _____ - _____ - _____

Zoning District: _____ Project Cost: \$ _____

Building Addition Size: _____ Sq. Ft.

Length: _____ Width: _____ Height: _____

Parcel Size: _____ Sq. Ft.

- Demolition
- New Construction
- Alteration
- Addition
- Accesory Building
- Deck
- Fence
- Swimming Pool
- Sign
- Other

Conforming Lot?

Yes: No:

Conforming Structure?

Yes: No:

Waterfront Lot?

Yes: No:

(or within 500 ft)?

Yes: No:

Flood Hazard Area?

Yes: No:

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I commit to complying fully with all ordinances and regulations of the City of Harrison, Michigan, as well as any other relevant agencies or government units. I understand that any misrepresentation may result in the rejection of the application or the revocation of permits or approvals. I will promptly notify the City of any changes to the information provided. I acknowledge the right of the City and its representatives to inspect the property for compliance. I will participate in any required public hearings or meetings. I have read and agree to abide by all the terms, conditions, and requirements stated in this application.

Signature of Applicant _____ Date: _____

****For projects that required a site visit, the owners signature is required. ****

By signing below, the Owner or Owners Representative on behalf of Owner, hereby authorizes the City of Harrison to conduct site inspections on this property for zoning and taxing purposes. An owners representative must provide proof that they have the legal right to sign on behalf of the owner.

Owner/Owner Representative Signature: _____ Date: _____

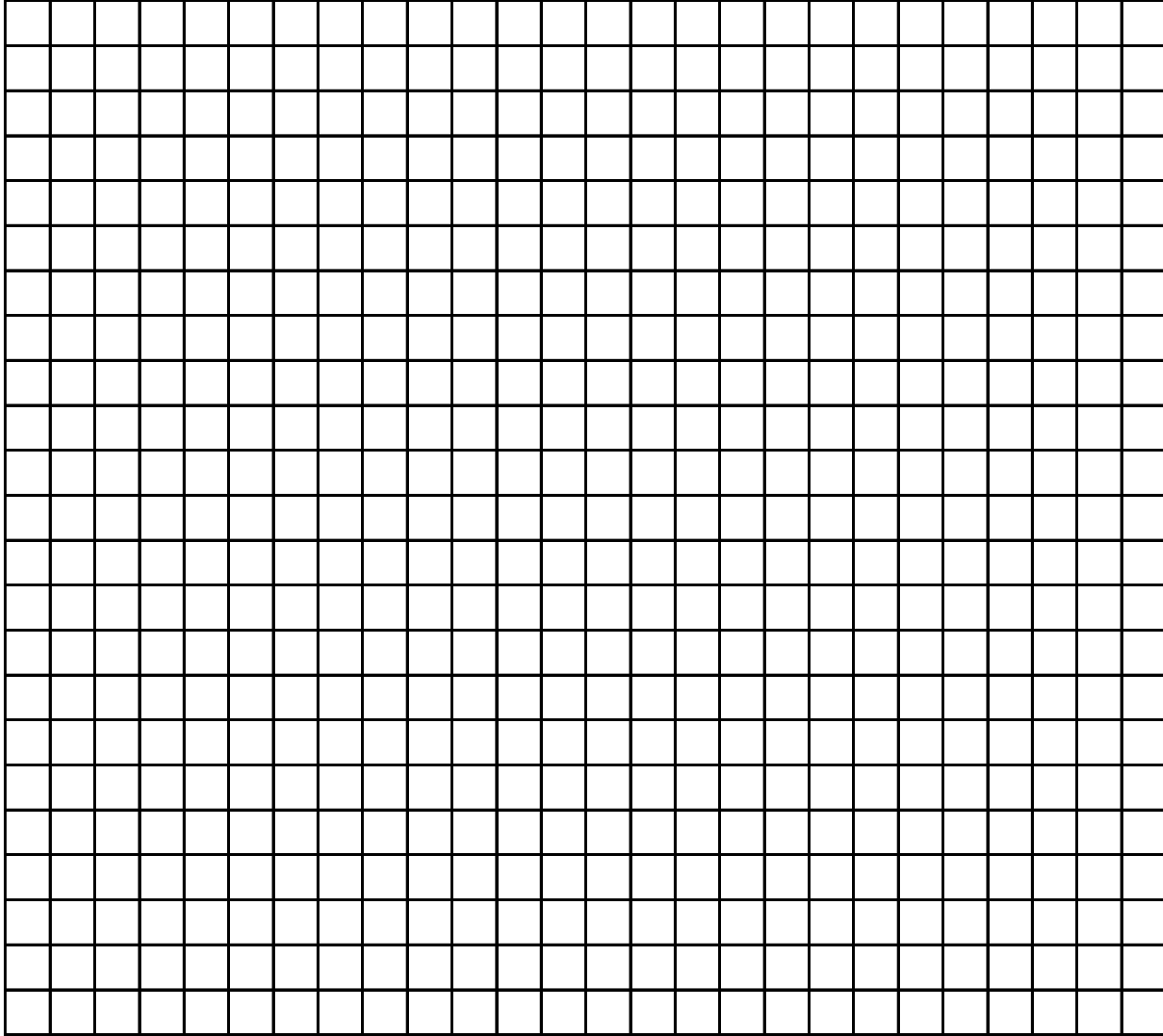
Dimensional Requirements

For districts not listed, please reach out to the Zoning Administrator for Guidance.

Zoning District	Min. Lot Area (Sq.Ft.)	Min. Lot Width (Ft.)	Min. Lot Front (Ft.)	Min. Lot Side (Ft.)	Min. Lot Rear (Ft.)	Max Height (Ft.)	Min. Dwelling Size Sq. Ft.)
R1	10,000	80	25	10	10	25	990
R2 - 1 Dwelling	8000	66	25	8	10	35	990
R2 - 2 Dwellings	8200	66	25	8	10	35	990
R2 - Multi Family	3,000 per Unit	66	25	20	20	35**	990
R3 - 1 Dwelling	8000	60	25	8	10	35	990
R3 - 2 Dwellings	8200	60	25	8	10	35	990
R3 - Multi Family	3,000 per Unit	60	25	20	20	35**	990
OS Office Space	N/A	N/A	20 Ft. Max	15	20	35	N/A
I-1 Light Industrial	10,000	100	25	25	25	35	N/A
C1 & C2	N/A	N/A	N/A	N/A	N/A	35**	N/A

**Zoning Permit Application
Drawing/Sketch of Project**

Attach additional sheets as necessary.



Below you can provide additional details about the project not included in the sketch.

Notes:

4. Application Review - CITY USE ONLY

Total Lot Size Area Sq. Ft: _____ Sq. Ft.
Front Yard: _____ Ft.
Side Yard: _____ Ft.
Rear Yard: _____ Ft.

Signature of Zoning Administrator or Authorized City Personnel:

As Zoning Administrator for the City of Harrison, I hereby state that this application complies with the zoning ordinances in effect as of the date of this application.

Setbacks Maintained: Yes: No: N/A
Property is Conforming Yes: No:

Application is: Approved: Denied: