

	<p align="center"> City of Sylvan Lake 1820 Inverness Sylvan Lake, MI 48320 Phone (248) 682-1440 Fax: 682-7721 www.sylvanlake.org </p>
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Application # _____

Approval Date _____

Application Date _____

Approval Signature _____

APPLICATION FOR COMMERCIAL ZONING PERMIT

To the City of Sylvan Lake: The undersigned hereby applies for a zoning permit to build, construct, remodel, and occupy, or to install according to the following statement and further agrees to maintain the property, while under construction, in accordance with all the Codes of the City of Sylvan Lake.

Property Owner: _____ Phone: _____ Fax: _____

E-mail: _____ Address: _____

City: _____ State: _____ Zip: _____

Builder: _____ Contact: _____ Phone: _____

Fax: _____ Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Architect: _____ Phone: _____

E-mail: _____ Fax: _____

Building Site Address: _____ Sidwell # _____

Area Zoned as: _____ Type of construction: _____

Building or Other Trade permit required? Building Plumbing Electrical Mechanical

Variance required? Yes No Date variance granted _____

Site Plan Review required? Yes No Date SP Approved _____

Estimated construction cost \$ _____

For the following, submit four (4) sets of plans. Additional Permits through Bloomfield Twp. are required (check all that apply):

New building Addition Deck A/C or Generator

Accessory Structure Grading Signs (Additional form required)

Fence Driveway Ditch Enclosure/ROW improvements Roof Screening

Utilities Other (add'l permits to be determined) : _____

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APPLICATION FOR COMMERCIAL ZONING PERMIT

Description of work being performed: _____

New Construction, Addition, Accessory Structure, Fence or Patio:
 Requires Site Plan Approval. Submit construction plans for final zoning review.

Driveway: Show all structures, and existing and proposed driveway on the property.
 Supply information found in "Drainage" section of the Grading Plan Checklist document.
 Show driveway approach with proposed width at street (see ROW policy).
 May require site plan review depending on the extent of work being performed.

Signs: Complete and return the sign application along with all required documentation.

Roof Screening: Provide photographs and drawings indicating type and location of screening.

Interior modifications/build out: Provide detailed information on use and floor plan with parking calculations. **May require site plan review.**

In addition to the zoning review fee, a Cash Bond is required for any work performed in the Road Right of Way and may be required for parking and stacking in the ROW.

The Street and all Right of Way property will be restored to the same or better condition than it was prior to work being performed. This includes damage or wear from parking, loading/unloading, and stacking.

Application Fee: \$75 Review Fee (determined by City Manager): _____

Performance Bond (determined by City Manager): Amt: _____ Duration: _____

Signature of Applicant _____ Date: _____

Signature of Owner _____ Date: _____

For Office Use: Number of Reviews

January 2015
