



# CITY OF BANGOR

257 West Monroe Street  
Bangor, Michigan 49013  
Telephone: 269.427.5831  
Facsimile: 269.427.7919  
www.bangormi.org

## ZONING COMPLIANCE

DATE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

**Zoning Administrator, I the undersigned do hereby apply for Approval to:**

Erect  Alter  Move  Set  Demolish  Other

A \_\_\_\_\_ to be used for \_\_\_\_\_

Size of property: \_\_\_\_\_ Frontage: \_\_\_\_\_ Size of Structure: \_\_\_\_\_

Cost: \_\_\_\_\_ Sanitation No.: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Any other requested information: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Print Land Owner's Name: \_\_\_\_\_  Check here if same as above

I further certify that uses of the land and the building or structure shall comply with the provisions of the City of Bangor ordinances and any other applicable laws and requirements pertaining thereto.

Any opposition to this from contiguous property owners or owners of dwellings with 300 feet? Yes  No

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

### ZONING COMPLIANCE PERMIT

Fee: \_\_\_\_\_ Permit No.: \_\_\_\_\_

APPROVED  DENIED

BY: \_\_\_\_\_ BY: \_\_\_\_\_

### SET-BACK REQUIREMENTS

FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ SIDE: \_\_\_\_\_

Signature (Zoning Official): \_\_\_\_\_ Date: \_\_\_\_\_