

CITY OF THE VILLAGE OF DOUGLAS
ZONING APPROVAL APPLICATION
(Required to be submitted for all building projects)

DATE _____

OWNER _____

CONSTRUCTION ADDRESS _____

TYPE OF CONSTRUCTION _____

(New/Remodel/Relocate/Garage/Expansion/Etc.)

MAILING ADDRESS _____ CITY _____

TELEPHONE _____

APPLICANT (If other than above) _____

GENERAL CONTRACTOR _____

ADDRESS _____ TELEPHONE _____

CELL NUMBER _____

CONTRACTOR SIGNATURE _____

LOT OR PARCEL INFORMATION

DIMENSIONS: FRONT _____ REAR _____ SIDE _____ SIDE _____

TOTAL LAND AREA _____ ZONING _____

PARCEL NUMBER _____ PLAT/SECTION _____ LOT/TRACT _____

OTHER INFORMATION _____

STRUCTURE INFORMATION

WIDTH _____ LENGTH _____ HEIGHT _____ STORIES _____

SQ. FT. OF CONSTRUCTION: FOOTPRINT _____ TOTAL _____

SET BACK: STRUCTURE/FRONT _____ REAR _____ SIDE _____ SIDE _____

GARAGE/FRONT _____ REAR _____ SIDE _____ SIDE _____

OTHER: _____

FIRST FLOOR ELEV: REF EXISTING GRADE _____ REF C/L STREET _____

ESTIMATED COST: _____

INCLUDE A SKETCH PLAN SHOWING THE LOT, THE PROPOSED BUILDING AND SETBACK DIMENSIONS. FOR FRONT YARD SETBACK INDICATE WHAT WAS USED FOR THE ORIGINATION POINT OF THE SETBACK MEASUREMENT (front lot line, right-of-way line, centerline of road, or pavement edge). Street right-of-way line or access easement line is preferred.

APPROVED FOR CONNECTION TO WATER/WASTEWATER SYSTEM.
(Subject to appropriate connection fees and charges.)

STREET AND NUMBER _____

FOR OFFICIAL USE

KALAMAZOO LAKE SEWER AND WATER AUTHORITY

DATE _____ BY _____

ZONING APPROVED _____ DENIED _____ DATE _____

BY _____ ZONING ADMINISTRATOR

REMARKS

Village of Douglas FAX: 616-857-4751

Faxed to KLWSA on: _____

Faxed to MTS on: _____