



FOR OFFICE USE ONLY
Date: _____
Fee: _____
DPW approval: _____
Planning Commission Approval: _____
Zoning Certification: _____

**APPLICATION FOR ZONING APPROVAL**

City of Mt. Pleasant ▪ Building Safety Department  
 320 W. Broadway Street, Mt. Pleasant, MI 48858  
 (989) 779-5347 ▪ [www.mt-pleasant.org](http://www.mt-pleasant.org)

**ESTIMATED COST OF PROJECT** \_\_\_\_\_

<b>I. PROJECT</b>	<input type="checkbox"/> Fence	<input type="checkbox"/> Shed	<input type="checkbox"/> Retaining Wall
	<input type="checkbox"/> Tent	<input type="checkbox"/> Other	

Street Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**II. OWNER INFORMATION**

Owner Name: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Owner City: \_\_\_\_\_ Owner State & Zip: \_\_\_\_\_

**III. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Applicant Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ Applicant State & Zip: \_\_\_\_\_

**IV. CONTRACTOR INFORMATION**

Contractor Name: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contractor City: \_\_\_\_\_ Contractor State & Zip: \_\_\_\_\_

Builder's License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Workers Compensation Insurance Carrier or Reason for Exemption: \_\_\_\_\_

MESC Employee Number or Reason for Exemption: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**V. FENCE (up to 6'0" in height)** *Building and Lot Plan required - see reverse side.*

3.5 – 4' max at frontage, otherwise 6' max. In SD-H and SD-A zones 6' max. Finished side must face adjacent property, thoroughfare, path, passage or waterbody.

Fencing Material: \_\_\_\_\_ Post Material: \_\_\_\_\_ Post Dimensions: \_\_\_\_\_

Depth of Posts in Ground: \_\_\_\_\_ Finished Height of fence: \_\_\_\_\_

**VI. ACCESSORY BUILDING** *Residential up to 200 sq. ft & Commercial up to 120 sq. ft. located in the 3rd lot layer*

Type of Building: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Type of Ret Wall or FDN Used: \_\_\_\_\_

**VII. TENTS (Provide detailed site plan)**  Public Assembly  Temporary Sales  Other: \_\_\_\_\_

The placement of a tent for a special event or temporary sales will be required to comply with setback provisions of the zoning ordinance as well as accommodating off-street parking for the existing and proposed use. The applicant shall provide a Building and Lot Plan to comply with section IX of the application and the specific requirements outlined under the "public assembly" classification when applicable. Where the tent is used for a special event that includes the sale of liquor, approval must also be obtained from both the Liquor Control Commission and the Department of Public Safety (989) 779-5106. Where alcohol sales are involved, approval will not be granted for a tent permit without written approval from both agencies.

**Tents for Public Assembly:**

- a. Electrical must be in accordance with National Electrical Code under permit and approval by the Isabella County.
- b. Emergency Lighting/Exit Signs and Fire Extinguishers shall be installed at final inspection prior to occupancy.
- c. Portable restroom facilities shall be provided in accordance with Chapter 4 of the Michigan Plumbing Code.
- d. Unit heaters shall be approved by the Department of Fire Safety prior to installation and use.
- e. All holes placed in the lawn or paved surfaces shall be properly repaired after removal of the tent and tent stakes.

Tent will be up for: \_\_\_\_\_ days, \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

