Application for Zoning Permit

City of Howell – Community Development Department
611 E. Grand River • Howell, MI 48843 • (517)546-3861

Date of Application: _____ **Fee:** $45

PROPERTY INFORMATION

Parcel ID: _____
Address: _____

OWNER INFORMATION

Name: _____
Phone: _____ **Email:** _____
Address: _____

APPLICANT INFORMATION (*IF DIFFERENT FROM OWNER*)

Name: _____
Phone: _____ **Email:** _____
Address: _____

APPLICATION TYPE (Must include plot plan or survey with setbacks)

- ☐ **Driveway**
- ☐ **Shed**
- ☐ **Patio**
- ☐ **Building**
- ☐ **Other**

Describe in detail the proposed work to be performed: _____
_____
_____

DEPARTMENTAL SIGN OFF - STAFF USE ONLY

Existing Legal Non-Conformities: _____

Zoning Administrator _____ **Date** _____

Return applications to the Howell City Hall or
email to building@cityofhowell.org