

**VILLAGE OF PELLSTON**

175 N. Milton P.O. Box 468  
Pellston, MI 49769  
Phone: (231) 539-8264 Fax: (231) 539-7227  
Maintenance Garage (231) 539-8031

**ZONING APPLICATION CHECKLIST**

Name: _____
Address: _____
Telephone: _____
Site Location: _____
( ) Residential      ( ) Commercial
Type of Zoning Action Requested: _____
Date of Request: _____      Date of Hearing: _____
Date Submitted to Planning Commission: _____

- ( ) Filing Fee of \$ \_\_\_\_\_ paid
- ( ) Adequate number of copies submitted
- ( ) Required Information completed

Site Plan Requirements met:

- ( ) Drawn to scale
- ( ) Appropriate descriptive legend
- ( ) Lot lines identified
- ( ) Legal description included
- ( ) General location described (dimensions, angles and sizes)
- ( ) Topography indicated
- ( ) Existing man-made features indicated within 100 feet
- ( ) Proposed finish floor
- ( ) Grade elevations
- ( ) Size of proposed main and accessory buildings
- ( ) Relation of proposed building to existing buildings
- ( ) Height of building indicated
- ( ) Square footage noted
- ( ) Density schedule shown for multiple family dwellings
- ( ) Proposed and existing streets, sidewalks, bicycle and pedestrian features
- ( ) Parking areas, size and number, service parking, delivery areas shown
- ( ) Indicate signage, lighting and entrance locations
- ( ) Landscaping, fences, walls, proposed alterations of topography
- ( ) Proposed operations described in detail

Supplemental Requirements:

- ( ) Fire Department
- ( ) Police Department
- ( ) DPW
- ( ) Health Department
- ( ) Architectural Plans and Elevations