

Bridgeport Charter Township

Zoning & Planning Department

6206 Dixie Highway

Bridgeport, MI 48722

Ph: (989) 921-4811 Fax: (989) 777-4802

www.bridgeportmi.org

Date: _____

Permit #: _____

Zoning Permit Application

FEE: \$30.00

Inspection Scheduling: (989) 921-4812

Office Hours: 8:00am to 5:00pm M-F

Include a fully dimensional site plan, indicating lot lines, location of all buildings presently on the property and location of the proposed new structure. Distances from lot lines and between buildings must be shown. Stakes must be positioned where structure will be located in order for zoning to inspect.

An inspection will not be scheduled until the site plan has been submitted.

JOB LOCATION

Address:		Property ID#:	
City/Village:	Township: BRIDGEPORT	County: SAGINAW	Zip Code:
Cross Streets: _____ and _____		Zoning District:	

APPLICANT INFORMATION

Name:		Mailing Address:	
City:		State:	Zip Code:
Phone:	Cell #:	Fax:	

TYPE OF JOB

<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition
Description of Job: _____		

PROJECT DIMENSIONS

Bldg Width _____	Bldg Height _____	Total Sq Footage _____
Bldg Length _____	# of Floors _____	

RESPONSIBILITIES OF APPLICANT

It is your responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations and wetland regulations. I have read, acknowledged, and will comply with all of the above in addition to the land use regulations as determined by the Zoning Administrator, or will go to the proper board for a variance, if required.

Applicant's Signature: _____	Date: _____
Driver's License Number: _____	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

FOR OFFICE USE ONLY

Set Backs:

Front of all construction must be a minimum of _____ feet.
From the center of the road right of way and _____ feet.
From the edge of the road right of way for subdivision streets.

Front:	Required _____ feet	Actual is _____ feet
Right:	Required _____ feet	Actual is _____ feet
Left:	Required _____ feet	Actual is _____ feet
Rear:	Required _____ feet	Actual is _____ feet

Permit Activity:

_____ Approved
_____ Denied _____

Referred to:

- Planning Commission
- Zoning Board of Appeals
- Other _____

Zoning/ Planning Administrator

Date