

THE ZONING ORDINANCE CAN BE REVIEWED IN ITS ENTIRETY ONLINE AT [ironriver.org](http://ironriver.org)

**LAND USE PERMIT  
APPLICATION  
CITY OF IRON RIVER**

PERMIT # \_\_\_\_\_  
FEE \$ \_\_\_\_\_  
PAID \$ \_\_\_\_\_  
CHECK # \_\_\_\_\_

DATE: \_\_\_\_\_

**ZONING DISTRICT:**

- \_\_\_\_\_ R-1A (single-family residential, low density)
- \_\_\_\_\_ R-1B (single-family residential, medium density)
- \_\_\_\_\_ R-2 (multi-family residential)
- \_\_\_\_\_ C-1 (local service)
- \_\_\_\_\_ C-2 (general business)
- \_\_\_\_\_ CBD (central business district)
- \_\_\_\_\_ I-1 (industrial)
- \_\_\_\_\_ AG/OS (Agriculture District/Open Space)

**REQUIRED SET-BACKS:**

Front: \_\_\_\_\_  
Back: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side: \_\_\_\_\_

Parcel No. and Address: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Corner Lot: YES \_\_\_\_\_ NO \_\_\_\_\_ (Deemed as having 2 front yards) EST. COST \$ \_\_\_\_\_

General Contractor: \_\_\_\_\_ Beginning Date of Work \_\_\_\_\_

Phone: \_\_\_\_\_ Fax# \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF IMPROVEMENT**

- |  |                                   |
|--|-----------------------------------|
| _____ NEW SINGLE OR MULTI-FAMILY CONSTRUCTION      | _____ NEW COMMERCIAL CONSTRUCTION |
| _____ SINGLE OR MULTI-FAMILY ADDITIONS/ALTERATIONS | _____ SIGNS                       |
| _____ ACCESSORY STRUCTURES                         | _____ VARIANCE                    |
| _____ FENCES/WALLS/SCREENING                       | _____ CONDITIONAL USE             |
| _____ DRIVEWAY, OFF-STREET PARKING                 | _____ OTHER                       |
| _____ COMMERCIAL ADDITION/ALTERATIONS              |                                   |

**DESCRIPTION OF LAND USE PERMIT REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon receipt of any Land Use Permit Application, the Zoning Administrator or designated official shall review to determine whether it is in proper form, contains all of the required information and shows compliance with the ordinance. The Zoning Administrator or designated review official shall, within fifteen (15) days, grant approval in writing or deny approval in writing, setting forth in detail which shall be limited to any defect in form or required information, any violation of any provision of this ordinance, and any changes that would make the plan acceptable. In determining compliance with this ordinance, the Zoning Administrator or designated official shall take into consideration the requirements of the Zoning Ordinance. In cases where compliance with these requirements is not demonstrated, the Zoning Administrator or designated official shall deny the approval of the plan. The applicant may appeal any denial to the Zoning Board of Appeals.

No person shall commence to erect, alter, and repair any non-conforming structure without first obtaining zoning compliance. No use shall be carried on, nor construction undertaken, except as shown upon an approved Land Use Permit. Plans shall be submitted to the Zoning Administrator or designated official.

**A SITE PLAN DRAWING IS PART OF THIS PROCESS:** ON A SEPARATE SHEET OF PAPER, DRAW A SITE PLAN OF THE EXISTING LOT/PARCEL SHOWING THE LOT LINES, FENCES, DRIVEWAY, LOCATION OF EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS OF STRUCTURES AND DIMENSIONS TO THE LOT LINES AND DISTANCES BETWEEN ACCESSORY BUILDINGS AND PRIMARY STRUCTURES.

A DETAILED SET OF CONSTRUCTION PLANS FOR COMMERCIAL AND INDUSTRIAL BUILDINGS MUST ACCOMPANY THIS APPLICATION.

IF POSSIBLE, ALL PLANS SHOULD BE DRAWN TO SCALE, AN ARROW SHOWING NORTH.

**AFTER APPROVAL, A COPY OF THIS PERMIT WILL BE SENT TO THE COUNTY CONSTRUCTION CODE OFFICE.**

I have read this application in its entirety and understand and agree to the terms and conditions as stated.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

A LAND USE PERMIT for the proposed use of said property is:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

**APPROVAL CONDITIONS**

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\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

