Please Print						Pe	rmit #						
Owner				Parcel Number 54 09									
Address			_	Se	ction								
Phone			_	Lot	t/Parce	l Size:							
□Applicant / or □Contractor			_	Pro	perty [Desc.							
Proposed use				_ Building On: □New Site □ Existing Site									
Location: Onr	oad,(How far?)	(mile)	N W + E S	of_	(cross roa	; on	the	N V + E S	_side.				
Complete the Site Plan Showing The Following: 1. All lot lines 2. Existing roads and right–of-way					Site	Plan							
 Buildings (existing & Proposed) Septic System & Wells Bodies of water Natural features 	180			- 10									
For Office Use	160				34	-	- 34				-		
Zoning District	140	3.	8.			3 8					_		
Setback	120												
Front" Side Rear	100	38	8		- 18								
Mecosta County Health Dep	80		8							į.			
APPROVEEXEMPT	60						4:						
Signature Date	40												
Front Side Rear	20												
	0												
*Setbacks are measured from the road right-of-way, not edge of road.		20	40	60	80	100	120	140	160	180	200		

Applicant Signature		Date
Comments		
APPROVED _	EXEMPT Signature	Date