



Permit No. _____

ESTABLISHED 1866

CHARTER TOWNSHIP OF CALUMET ZONING APPLICATION/PERMIT

HOUGHTON COUNTY

25880 Red Jacket Road Calumet Michigan 49913

906-337-2410 ~ caltwpassessor@gmail.com

House No:	Street:	Date of Application:
Subdivision:	Lot:	Block:
		Lot Size:
Property ID Number:	Approximate Start Date:	
Estimated Cost of improvement:	Size of Improvement:	
Owners Name:	Telephone Number:	
Owners Email Address	Contractor:	

Type of Improvement

Proposed Use

Dimensions

<p style="text-align: center;"><i>Select (all that apply)</i></p> <p>New Building Addition Repair/Replacement Alteration Prefab/Double Wide Home Demolition Driveway Retaining Wall Other, specify: _____ _____ _____</p>	<p style="text-align: center;"><i>Select one</i></p> <p>Single Family Home Two or more Family Home, ▪ No. of Units: Addition of Living Space Attached Garage Detached Garage Storage Shed Commercial: ▪ Proposed Use: _____ _____ _____</p>	<p>No. of Stories _____ No. of Bedrooms _____ No. of Bathrooms _____ Total Floor Area _____ sq.ft.</p> <p style="text-align: center;">Parking</p> <p>No. of off-street parking spaces Encl _____ Outdoor: _____ _____</p>
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Type of Sewage Disposal:	Public	Septic Septic #: _____
		1000 Gal: _____ 2000 Gal: _____
Type of Water Supply:	Public	Private Well

Restrictions: Do not build over sewer, water, or gas lines

Driveways require Houghton County Road Commission Approval

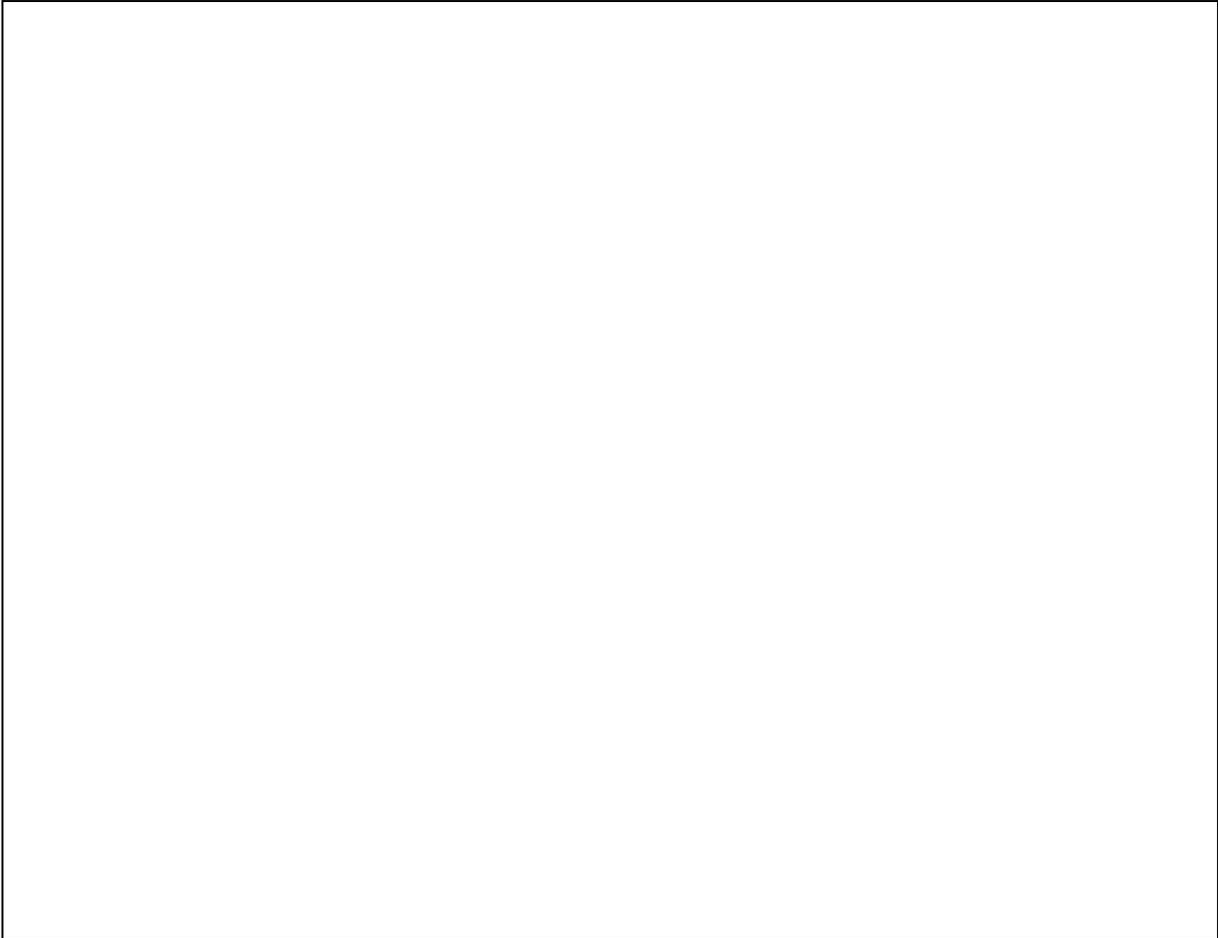
Building setbacks are required as per Calumet Township Ordinance

Well and septic permits are required before zoning permits can be issued.

See Reverse Side

Property Sketch

*Please include (1) Size of Lot (2) Size of Building and setbacks from property lines (3) Location from existing buildings
(4) Location of Driveway (5) Distance from lake or streams if applicable*



North Houghton County Water and Sewage Authority	906-337-0591	Miss Dig	1-800-482-7171
Michigan American Water Co.	906-337-3502	Western UP Health Dept	906-482-7382
Houghton County Road Commission	906-482-3600		

FOR ZONING ADMINISTRATOR USE – DO NOT WRITE BELOW

Approved By:

Date: