

# Village of Ravenna

12090 CROCKERY CREEK DRIVE • RAVENNA, MICHIGAN 49451 • TELEPHONE (231) 853-2360 • FAX (231) 853-6443

{02137223 1 }

## APPLICATION FOR Driveway Permit

**[In accordance with Zoning Ordinance Section 190.1701, all land uses shall be reviewed to verify compliance with the Zoning Ordinance. Additional information may be required by the Planning Commission or Village Zoning Administrator.]**

Date:

Application Fee: \$ 25.00

(must accompany completed application)

1. Property Address for Certification: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Zone District: (obtain from Zoning Administrator): \_\_\_\_\_

2. Applicant Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship of Applicant to Property Owner: \_\_\_\_\_

3. Property Owner: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Zoning Authorization for Proposed Use (Specify Ordinance Section): \_\_\_\_\_

Approximate start-date of construction: \_\_\_\_\_

(If new construction)

Driveway size (in feet): Length: \_\_\_\_\_ Width: \_\_\_\_\_

6. Site Plan:

Hand this form in with the zoning compliance form and the site plan that is required for the compliance application

7. Applicant Certification

**By my signature below, I certify that I am the property owner, agent of the owner, or authorized by the property owner to submit this application. Further, I certify that the information provided within or attached to this application is, to the best of my knowledge, true and accurate. I hereby authorize the Village to enter the property associated with this application for purposes of conducting necessary site inspections.**

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

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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**FOR VILLAGE USE ONLY:**

Date Application Received: \_\_\_\_\_ Application Fee Received: \$ \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Approved with the following condition(s):

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

Denied for the following reason(s):

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

Zoning Administrator/Village Official: \_\_\_\_\_ Date: \_\_\_\_\_

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