

CITY OF ST JOHNS  
ZONING PERMIT APPLICATION

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (WORK OR CELL) \_\_\_\_\_

TAX PARCEL #: 19-300-\_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

ESTIMATED CONSTRUCTION COSTS: \$ \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS OF PROJECT IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

PROPOSED ACTION(S): \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE THE FOLLOWING REQUIREMENTS**

**Any construction activity may be subject to Clinton County's Soil Erosion Sedimentation Control (SESC) Ordinance. The applicant must verify if the proposed work requires a permit or is exempt:**

**The proposed activity at this address:**

\_\_\_\_\_ **Requires an SESC permit prior to Zoning Approval (attach copy of permit)**

\_\_\_\_\_ **Is exempt from SESC requirements**

\_\_\_\_\_  
**CLINTON COUNTY DRAIN COMMISSIONERS OFFICE**

\_\_\_\_\_  
**DATE**

**All construction activities are subject to City Ordinance requirements for grading and filling and storm water discharge. Each worksite shall be staked and inspected prior to Zoning Approval.**

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STEVE WAGNER, ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

APPLICATION APPROVED: \_\_\_\_\_ APPLICATION DENIED: \_\_\_\_\_

**PLEASE COMPLETE SITE PLAN ON REVERSE SIDE**