

CITY OF BAD AXE
ZONING COMPLIANCE CERTIFICATE

Applicant Name _____ Phone _____

Mailing Address _____
Street City State Zip Code

Owner Name if Different _____ Phone _____

Mailing Address _____
Street City State Zip Code

Address/ Project Location _____

Identify Type of Improvement _____

Estimated Cost of Improvements \$ _____

Site Information: On a separate sheet of graph paper or if space allows draw as accurately as possible a site plan to scale, show streets, existing and proposed building(s), additions, including lot lines, fences, sidewalks, etc. Show north arrow and **indicate distance new construction is from all property lines and other buildings.**

Applicant Signature and Affidavit of Accuracy _____ Date _____

Zoning District _____ City of Bad Axe Approval _____ Date _____

Note: This document certifies that you are in compliance with the City of Bad Axe Zoning Ordinance. Please present this certificate to Huron County Building and Zoning to determine if a building permit is required for your project.