

**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.