

RECREATIONAL VEHICLE (RV) PERMIT

Keweenaw County Zoning

Date Pare	Parcel ID (tax) Number			ALL INFORMATION IS REQUIRED				
Property Owner(s) Name			RV Make					
Mailing Address			RV Description					
City		State	Zip code	TAG Number		State	Color	
Day Phone	Eveni	ng Phone	1	1 st Date of Occupancy	Intend	Intended date of Removal		
		erty Physical Address		Name RV is registered in.				
Lot Size and Total Existing Acreage		Do any current zoning violations exist?						
Section 7.13 All RV's must obtain an approved RV Permit must adhere to the required setbacks and comply with WUPDHD requirements regarding water and sewage. Proof of compliance must accompany this form.								
attached statement is accep								
ATTACH PHOTOGRA	NPH OF F	V HERE						

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THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT

I understand that members of the Planning Commission, Zoning Board of Appeals, Board of County Commissioners and the Zoning Administrator may visit the property which is the subject of this application. I also understand that either myself or my representative should be present to explain my request, or I should clearly mark the location on my property.

I understand that the fact I have applied for a RV Permit does not relieve me of the obligation of applying for and having been granted a zoning and/building permit issued by the County before proceeding with any future construction of a building or installation of a septic facility of any kind.

I acknowledge that I am responsible for complying with the Keweenaw County Zoning and it is the responsibility of the land owner to apply for and obtain all necessary permits. The approval does not guarantee the ability to obtain permits necessary for the construction of a structure, and the County is not liable or responsible if such property fails to obtain a permit of any nature, including those related to on-site well and septic systems. Further, it is the sole responsibility of the landowner to satisfy the requirements of any application for zoning, building, ingress/egress, on-site well, and on-site septic systems. The County is in no manner liable for the denial of any application.

I have read and understand the above. The information I have provided is complete and accurate to the best of my knowledge.

Signature and Date Applicant(s)

Signature (if other than owner):

This form must be completed in full, signed and dated by the applicant. If applicant is not the property owner the owner must authorize the agent below.

A PHOTOGRAPH OF THE RV MUST ACCOMPANY THIS FORM.

DO NOT WRITE BELOW THIS LINE – KEWEENAW COUNTY USE ONLY

Date Received	Zoning Permit #	Township Assessor Copy	911 Address Number				
Septic Compliance Authorization.	Water Compliance	Scheduled Site Visit Date	Addtnl Site Survey Fees (\$50.00 Each				
Cathaold Watar	Cathady Daad						
Setback Water	Setback Road	Side Yard 1	Side Yard 2				
APPROVED DENIED reason over Signed Zoning Administrator Date							
Additional Comments:							

Return to: Zoning Administrator, 5095 4th Street • Eagle River, MI 49950 • (906) 337-3471 • FAX (906) 337-2253 Revision Mar 2014

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