Village of Lake Isabella
INCORPORATED 1998

1010 Clubhouse Drive
Lake Isabella, MI 48893

989.644.8654
www.lakeisabellami.org

CERTIFICATE OF ZONING COMPLIANCE

Application & Permit

Property Owner Name: _____

Property Street Address: _____

Applicant Name: _____

Please Check One: ☐ Commercial or Office Use – New Tenant Multi Unit Structure

☐ Residential Zoning Permit Completion (Final Inspection)

For "*Commercial or Office Use – New Tenant Multi Unit Structure,*" Please Answer:

_____ Unit or Suite Name/# _____ Unit or Suite Square Footage

Proposed Use/Business Type: _____

Hours of Operation:

	Monday:	to
	Tuesday:	to
	Wednesday:	to
	Thursday:	to
	Friday:	to
	Saturday:	to
	Sunday:	to

For "*Residential Zoning Permit Completion (Final Inspection)*" Please Answer:

Date of zoning permit issuance: _____

Date and Time requested for on-site inspection (Mon – Fri 9 AM to 5 PM)

_____

Approved: _____ Date: _____

Timothy R. Wolff, Zoning Administrator