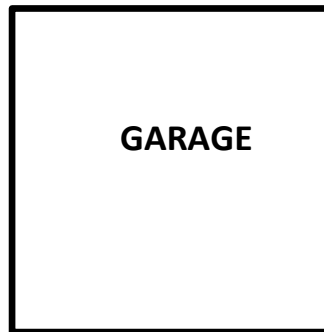
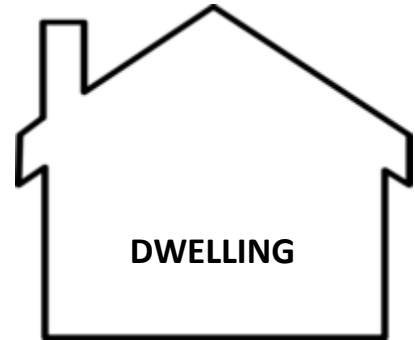


# ABOVE GROUND SWIMMING POOL REQUIREMENTS AND SAMPLE SITE PLAN

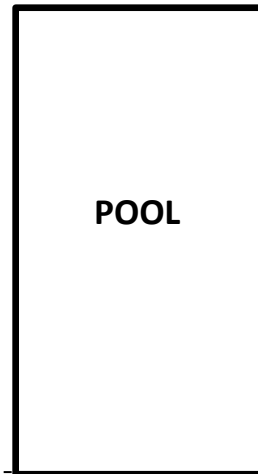
ZONING COMPLIANCE PERMIT IS REQUIRED IF  
THE POOL HOLDS MORE THAN 23" OF WATER

10' MINIMUM SET BACK FROM  
ADJOINING LOT LINE/ALLEYS

4' MINIMUM SET BACK FROM  
ANY STRUCTURES WITHIN ITS OWN PARCEL



4'  
MINIMUM



10'

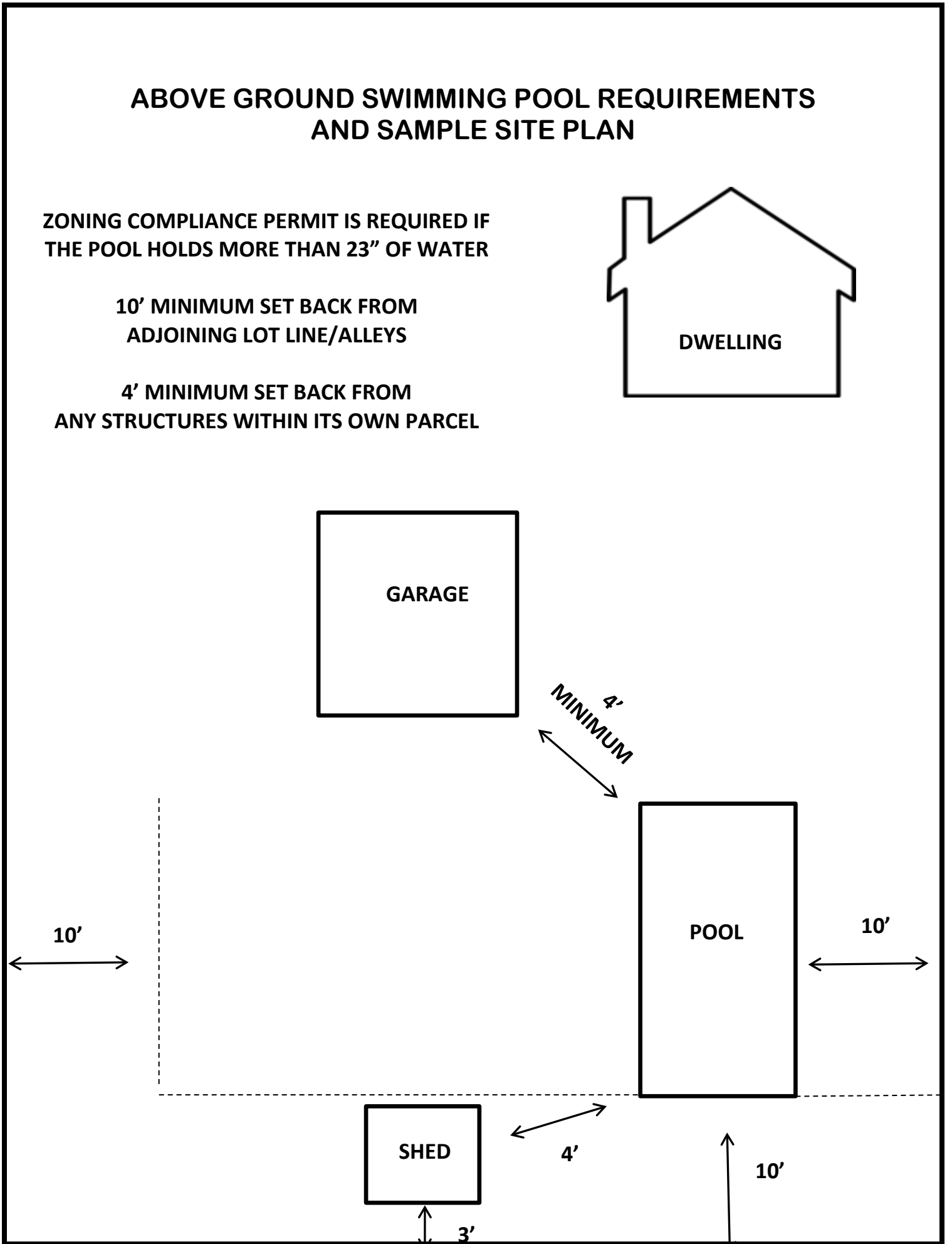
10'



4'

10'

3'





**CITY OF OWOSSO**  
 301 W. Main Street, Owosso, Michigan 48867  
 Phone (989)725-0535 Fax (989)725-0546  
 E-mail: [building@ci.owosso.mi.us](mailto:building@ci.owosso.mi.us)

\$50 Application Fee
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**ZONING COMPLIANCE APPLICATION ACCESSORY STRUCTURES**

Please fill out the application completely, sign and date below, and return to the City of Owosso Building & Zoning Department at the address above. **A zoning compliance certificate is required to construct a non-habitable detached accessory structure that is 200 square feet or less in area.**

**APPLICANT**

Name:	
Address:	City, State, Zip:
Phone:	E-Mail:

**PROPERTY OWNER**  *Check box only if Property Owner is the same as the Applicant*

Name:	
Address:	City, State, Zip:
Phone:	E-Mail:

Hereby make application to the City of Owosso Zoning Administrator under the City of Owosso, Code of Ordinances, **CHAPTER 38 – ZONING**, to construct as detailed below:

**ACCESSORY STRUCTURE** *(Check all that apply)*

<input type="checkbox"/>	Garage	<input type="checkbox"/>	Shed
<input type="checkbox"/>	Carport	<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	Deck	<input type="checkbox"/>	Gazebo
<input type="checkbox"/>	Pool House	<input type="checkbox"/>	Greenhouse
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Location Address:	
Property Tax ID Number:	Zoning District:
List all existing buildings on property (i.e. dwelling, shed, garage):	
Proposed Use:	Building Dimensions:

**PROPOSED BUILDING SETBACK FROM LOT LINES**

Front:	Rear:	Side:	Bldg. Height to Peak:	Bldg. Height to Eaves:
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**WHAT UTILITIES (ARE/WILL BE) AVAILABLE IN THE ACCESSORY STRUCTURE**

<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Water
<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Heat      Gas (forced air)      Gas (hot water)      Electric      Wood
<input type="checkbox"/>	Other (describe)



Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature signifies full knowledge of requirements*

**OFFICIAL USE ONLY**

I hereby certify that I have reviewed the plans for the purpose of zoning compliance only.

Zoning Compliance Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date