

Permit#

APPLICATION FOR ZONING PERMIT

**PROPERTY INFORMATION**

Parcel #: 05-14-\_\_\_\_\_

Property Address: \_\_\_\_\_

Waterfront: Torch Lake  GT Bay  None

Within 500 feet of a Lake, River, or Stream? Yes  No  Soil Erosion Permit #: \_\_\_\_\_

Property contain: H.R.E.A:  Wetlands:  Critical Dunes:  NA:

Zoning District: VB  VR  R-1  R-2  R-3  AG  C  M  Timber

**PROJECT INFORMATION**

Type of Development:  New Home  Garage  Acc. Bldg.  Addition  Deck  other

Description/Intention: \_\_\_\_\_

Lot: width: \_\_\_\_\_ depth: \_\_\_\_\_ area: \_\_\_\_\_ Width thru bldg. core: \_\_\_\_\_

Setbacks from Prop. Line: front: \_\_\_\_\_ rear: \_\_\_\_\_ left: \_\_\_\_\_ right: \_\_\_\_\_

Structure width: \_\_\_\_\_ depth: \_\_\_\_\_ height: \_\_\_\_\_

Foundation: Full Basement  Partial Basement  Crawl  Slab

**APPLICANT INFORMATION**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Application must be submitted with a drawing, showing the actual lines, angles and dimensions of the lot to be built upon or used, and the exact size and location on the lot of all existing and proposed structures and uses, together with specifications. Construction will agree with permit, plan, and township zoning ordinance, and will comply with local, state, and federal laws. Owner and applicant agree to halt construction if conflict arises. Contact zoning administrator for staking inspection prior to construction. Permit expires in 12 months if work not started and 18 months from date of issuance. If extension is needed contact zoning administrator. Setbacks are measured from farthest protrusion of structure such as eaves or balconies, but not gutters. Permission granted to Zoning Administrator to access property. Attach 8 1/2 x 11 Site Plan. Copy of permit to be posted on site.

Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Approved:  Denied:  Fee Paid: \_\_\_\_\_ Permit#: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_