

**APPLICATION FOR ZONING PERMIT  
WEST BRANCH TOWNSHIP, OGEMAW COUNTY, MICHIGAN**

*Except as otherwise provided, no building or structure of any kind, including signs, shall be erected or any restricted use undertaken until a permit has been issued by the Zoning Administrator. Once it has been determined by the Zoning Administrator that the proposed building, structure, or use is in conformance with all the provisions of the township ordinance and appropriate fees are paid, a Zoning Permit may be issued. The Zoning Permit shall be non-transferable and shall remain valid for one (1) year from the date of issuance. A Zoning Permit must be obtained prior to the application for a building permit.*

Date \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**ZONING APPLICATION FOR**

New Home Construction \_\_\_\_\_ Deck \_\_\_\_\_

Remodel \_\_\_\_\_ Accessory Building \_\_\_\_\_

Attached Garage \_\_\_\_\_ House Addition \_\_\_\_\_

Utility Building \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Total square footage of the ground floor of residence \_\_\_\_\_

Intended use and purpose for the proposed building, structure, or land \_\_\_\_\_

\_\_\_\_\_

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**PROPERTY IDENTIFICATION AND LOCATION**

Tax ID#: 065-014-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Section# \_\_\_\_\_

Recorded Plot or Subdivision name \_\_\_\_\_

Block# \_\_\_\_\_ Lot# \_\_\_\_\_

Legal Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Phone Number \_\_\_\_\_

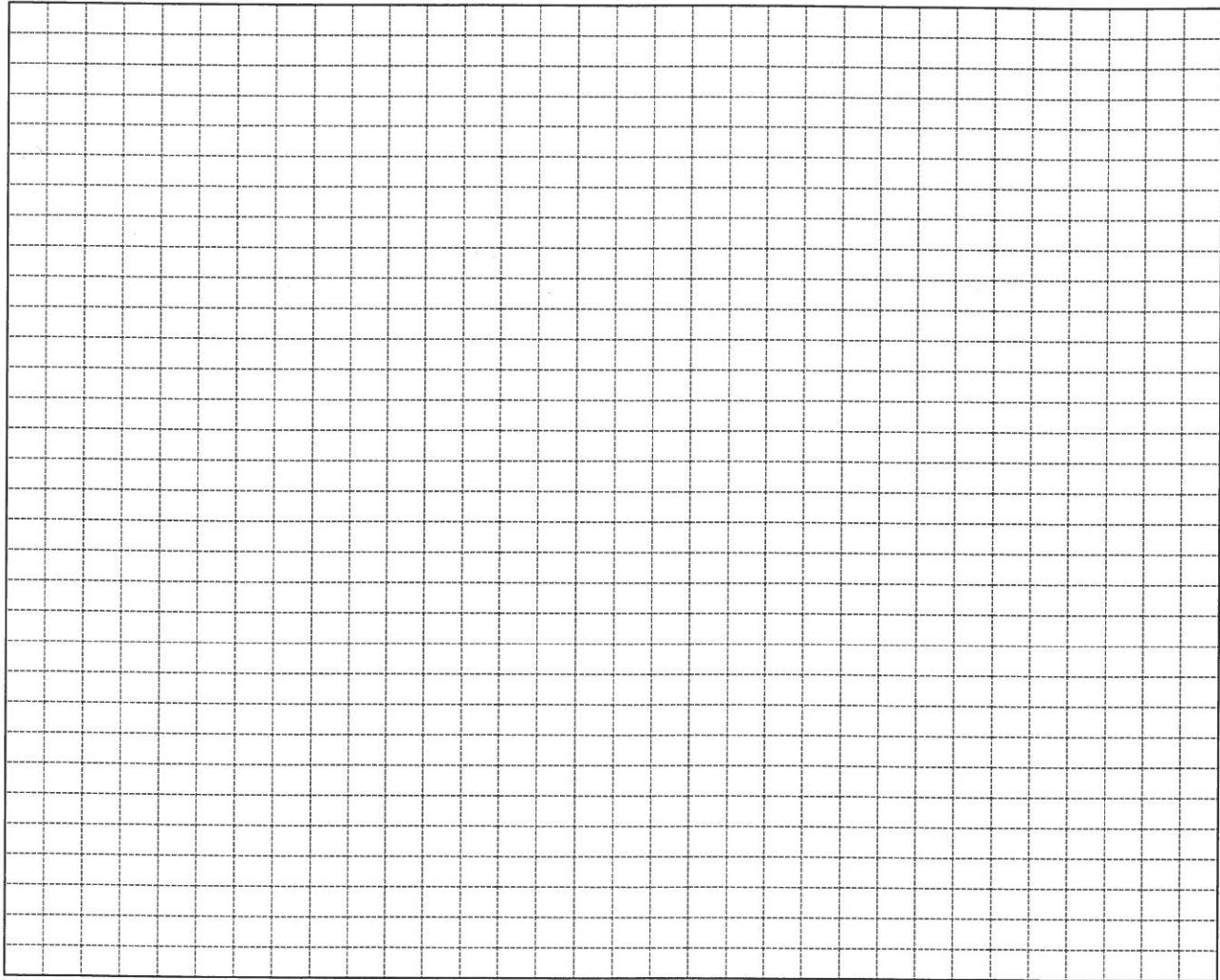
Address of Property \_\_\_\_\_

Nearest Main Road \_\_\_\_\_ Directions to Property \_\_\_\_\_

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**SITE PLAN INFORMATION**

*A site plan drawn to scale showing the location and size of the proposed building, structure, or use as it relates to roads and rights-of-way, lot lines, other buildings on the site, existing or proposed sewage disposal facilities, existing or proposed water wells of the location of the Township water supply line, and lakes, streams, or wetlands, and any other items required by the Township ordinance to illustrate the intended use and its site; or the site plan approved by the Planning Commission or Zoning Board of Appeals. The Zoning Administrator may require an applicant to provide a survey of the subject lot or parcel and the use, if in his or her judgment, it is necessary to clarify any indefinite or disputed issue(s).*



TYPE OF SITE PLAN SUBMITTED: DRAWING \_\_\_\_\_ SKETCH \_\_\_\_\_

ZONED (CHECK ONE)

AG AGRICULTURAL \_\_\_\_\_

C COMMERCIAL DISTRICT \_\_\_\_\_

FR FORESTED / RURAL RESIDENTIAL \_\_\_\_\_

I INDUSTRIAL DISTRICT \_\_\_\_\_

CE COUNTRY ESTATE DISTRICT \_\_\_\_\_

UX MIXED USE \_\_\_\_\_

R-1 SINGLE FAMILY RESIDENTIAL \_\_\_\_\_

BR BUSINESS ROUTE I-75 OVERLAY DISTRICT \_\_\_\_\_

R-2 SINGLE FAMILY/TWO FAMILY \_\_\_\_\_

AP AIRPORT SAFETY OVERLAY DISTRICT \_\_\_\_\_

PROPERTY SIZE: WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_

SQ FEET \_\_\_\_\_ ACREAGE \_\_\_\_\_

SETBACK INFORMATION (MUST BE SHOWN ON SITE PLAN)

NOTE: Setbacks shall be measured from lot lines to the drip edge of the building. Front lot line is street side of lot, except lake front properties where the water side of lot is the front.

SETBACKS FROM PROPERTY LINES:

FRONT \_\_\_\_\_ SIDE \_\_\_\_\_

BACK \_\_\_\_\_ SIDE \_\_\_\_\_

**\$40.00 PERMIT FEE DUE WITH APPLICATION AT FILING, WHETHER APPROVED OR NOT**

I (we) hereby certify and agree that all uses for which this application is made will conform to the data and information submitted with this application and all ordinances affecting West Branch Township, Ogemaw County, MI. It is further agreed that any deviations from the data submitted shall constitute a violation of the West Branch Township Zoning Ordinance and invalidate the permit request. I (we) hereby authorize any member (s) of the West Branch Township Planning Commission to perform a site visit at the above referenced property.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Date Application received by zoning administrator \_\_\_\_\_

Application approved \_\_\_\_\_

Application denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

Zoning Variance Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_