

**LaGrange Township Zoning Administrator / Code Enforcement Officer**

**Jason Pompey**

**PO BOX 222**

**Cassopolis, MI 49031**

**Phone: (269) 535-7463 Email: [MiZoningSolutions@gmail.com](mailto:MiZoningSolutions@gmail.com)**

\*\*\*\*\* **ZONING APPROVAL APPLICATION** \*\*\*\*\*

**FILING FEE: \$50**

**\*Please make checks out to LaGrange Township\***

**New Construction**     **Addition**     **Demolition**     **Fence**     **Sign**

Attach a site drawing showing the location of all existing and proposed structures on the parcel, their dimensions, the height, and the distances to the property lines.

Project Address: \_\_\_\_\_  
\_\_\_\_\_

Parcel No: 14-040-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Current Zoning Classification: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Filing Date \_\_\_\_\_

Address: \_\_\_\_\_ Fee Paid \_\_\_\_\_

City-State-Zip: \_\_\_\_\_ Received By \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(if different than the applicant's name shown above)

Applicant is:  Owner     Lessee     Optionee     Contractor / Architect

Property Owner's Name: (IF DIFFERENT)

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature (required) \_\_\_\_\_

Explanation of Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administrator Use Only –**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# LaGrange Township

## Application for Zoning Variance

**FILING FEE: \$250**

### GENERAL INFORMATION

### FOR OFFICE USE

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

Filing Date \_\_\_\_\_

Address \_\_\_\_\_

Fee Paid \_\_\_\_\_

City-State-Zip \_\_\_\_\_

Received By \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(if different then applicant's name shown above)

Address \_\_\_\_\_

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

Property Tax ID Number: 14-040- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

(Prim Ag / General Ag / Single Family Residential / Medium Density Residential / Lake Residential / Commercial / Industrial)

Legal Description of Property including acreage or square footage (attach separate sheet if necessary)

Description of Requested Variance: (attach separate sheet if necessary)

Property Owner's Signature: \_\_\_\_\_

Indicate where you would like any correspondence mailed to you. If it is the same address as above, you may reply with "same".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LaGrange Township**  
**Application for Zoning Variance**

PAGE TWO

Please read section 23.07 of the Township Ordinance carefully (copy included). Subsection "a" numbers 1, 2, & 3 are on page one of this application.

Number 5 asks that if you want correspondence from the township sent to an address other than the one shown on page one of this application you must indicate where to send it.

Number 6 requires a narrative description of the requested variance.

Number 7 requires a site plan, or "birds eye view" of the property with dimensions from all existing structures to all property lines. Sizes of all structures must also be indicated.

The completed application, required information and a filing fee of \$250.00 (payable to LaGrange Township) must be submitted to the Zoning Administrator:

**Jason Pompey**  
**PO BOX 222**  
**Cassopolis, Michigan 49031**

The Zoning Administrator has fifteen days from receipt to review the information for completeness. If the application is complete the Zoning Administrator will forward the application to the secretary of the zoning board of appeals who will schedule the application for a public hearing within forty-five days.

If you have any questions feel free to contact the zoning administrator at:

**Jason Pompey**  
**Phone: (269) 535-7463**  
**Email: [MiZoningSolutions@gmail.com](mailto:MiZoningSolutions@gmail.com)**

# LaGrange Township, Cass County

## Application for Rezoning

### GENERAL INFORMATION

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

Address \_\_\_\_\_

City-State-Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(if different then applicant's name shown above)

Address \_\_\_\_\_

City-State-Zip \_\_\_\_\_

### FOR OFFICE USE

Filing Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

Received By \_\_\_\_\_

### SPECIFIC PARCEL INFORMATION

Address of property for which rezoning is requested: \_\_\_\_\_

Property Tax Identification Number      14-040- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

(Prime Ag / General Ag / Single Family Residential / Medium Density Residential / Lake Residential / Commercial / Industrial)

Proposed Zoning Classification: \_\_\_\_\_

### THE FOLLOWING ARE ITEMS REQUIRED FOR SUBMISSION

1. Filing fee of \$250.00 payable to LaGrange Township.
2. Legal description of property including area in square feet.
3. Proof of ownership or legal interest.
4. A letter outlining the reason for requesting the zoning change and the future land use plan for the property.

File application and application fee with the Township Zoning Administrator at:

Jason Pompey  
PO BOX 222  
Cassopolis, MI 49031  
(269) 535-7463

**LaGrange Township**  
**Notice to Extend Response Time for Freedom of Information Act Request**

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Due to the unusual circumstances required to fulfill your request for records from LaGrange Township, we are extending the date to respond to your request to: \_\_\_\_\_. (This date can be no more than 10 business days from the date the township sends this notice, or no more than 15 business days from the date the original request was received.) If you have any questions regarding this extension, you may contact:

LaGrange Township Clerk  
Amy Juroff  
24745 Cass St.  
Cassopolis, MI 49031  
(269) 782-5939

LaGrange Township Supervisor  
Robert K. Wright  
61317 Spencer Rd.  
Cassopolis, MI 49031  
(269) 445-0625

Date Request was received: \_\_\_\_\_ Date of response: \_\_\_\_\_

Record(s) Requested:

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**Reason for extension:**

\_\_\_\_\_ The time for the Township to respond to your request has been extended because of the need to search for, collect or appropriately examine or review a voluminous amount of separate and distinct public records pursuant to your request. Specifically, the Township must:

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\_\_\_\_\_ The time for the Township to respond to your request has been extended because of the need to collect the requested public records from numerous field offices, facilities or other establishments that are located apart from the Township office. Specifically, the Township must coordinate documents from the following locations:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** LaGrange Township does not charge to simply review public records. The LaGrange Township FOIA Coordinator may be contacted at (269) 782-5939.

**LAGRANGE TOWNSHIP**  
**PARCEL DIVISION APPLICATION**  
**William Kays – LaGrange Township Assessor**  
**72883 CR 687 Hartford, MI 49057**  
**(269) 621-3604**

You MUST answer all questions and include all attachments, or this will be returned to you. Please mail to LaGrange Township at the above address.

Approval of a division of land is required before it is sold *when a new parcel is less than 40 acres* and not just a property line adjustment (Sec. 102e & f).

*This form is designed to comply with Sec. 108 and 109 of the Michigan Land Division Act (formerly the subdivision control act P.A. 288 of 1967 as amended (particularly to 1996 & P.A. 87 of 1997, MCL 560 et. Seq.)* Approval of a division is not a determination that the resulting parcels comply with other ordinance or regulations.

**(1.) Location of Parent Parcel to be split:**

Address Number: \_\_\_\_\_ Road Name: \_\_\_\_\_  
Parent Parcel Identification Number \_\_\_\_\_  
Parent Parcel Legal Description (Describe or Attach) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(2.) Property Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**(3.) Proposed Division(s) to include the following:**

- A. Number of new Parcels: \_\_\_\_\_
- B. Intended use (residential, commercial, industrial, agricultural, development) \_\_\_\_\_
- C. Each proposed parcel of 10 acres or less had a depth ratio of 4 to 1 or \_\_\_\_ to \_\_\_\_ as provided by ordinance.
- D. Each parcel has a width of \_\_\_\_\_ (not less than required by ordinance)
- E. Each parcel has an area of \_\_\_\_\_ (not less than required by ordinance)
- F. The division of each parcel provides access as follows: (ANSWER ONE)
  - a) Road name: \_\_\_\_\_
  - b) A new public road, proposed road name: \_\_\_\_\_
  - c) Describe or attach a legal description of proposed new PUBLIC road, easement or shared driveway: \_\_\_\_\_
  - d) Describe or attach a legal description of each proposed new parcel: \_\_\_\_\_  
\_\_\_\_\_

**(4.) FUTURE DIVISIONS** being transferred from the parent parcel to another parcel, indicate number transferred \_\_\_\_\_ (See section 109 (2) of the statute) Make sure your deed includes both statements as required in 109 (3 & 4) of the statute)

**LaGrange Township Parcel Division Application Continued.....**

**(5.) DEVELOPMENT SITE LIMITS** (Check each with represent a condition which exists on the parent parcel)

1. \_\_\_\_\_ Waterfront property (river, lake, pond, etc).
2. \_\_\_\_\_ Is within a flood plain.
3. \_\_\_\_\_ Is on much soils or soils known to have severe limitations for on site sewage system.
4. \_\_\_\_\_ Includes wetlands.
5. \_\_\_\_\_ Includes a beach.

**(6.) ATTACHMENTS** – All the following attachments MUST be included. Letter each attachment as shown:

- A.** A scale drawing for the proposed division(s) of the parent parcel showing:
- (1) current boundaries (as of March 31, 1997), and
  - (2) all previous divisions made after March 31, 1997 (indicate when made or none), and
  - (3) the proposed division(s), and
  - (4) dimensions of the proposed divisions, and
  - (5) existing and proposed road/easement right of way(s), and
  - (6) easements for public utilities from each parcel that is a development site to existing public utility facilities, and
  - (7) any existing improvements (buildings, wells, septic system, sewer, driveways, etc), and
  - (8) any of the features checked in question number 5 above.
- B.** Indication of approval or permit (copy attached) from Cass County Road Commission, that a proposed easement provides vehicular access to an existing road or street meets applicable location standards.
- C.** A copy of any reserved division rights (sect. 109 (4) of the act) in the parent parcel.
- D.** A fee of \$250.00 made payable to LaGrange Township.

**(7.) IMPROVEMENTS** – Describe any existing improvements (buildings, well, septic, sewer, etc., which are on the parent parcel or indicate none. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(8.) AFFIDAVIT** and permission for township, municipality, county, and state officials to enter the property for inspections:

I agree that the statements made above are true, and if found not to be true this application and any approval will be void. Further, I agree to comply with conditions and regulations provided with this parent parcel division. Further, I agree to give permission for officials of the township, municipality, county, and State of Michigan to enter the property where this parcel division is proposed for purposes of inspection. Finally, I understand this is only a parcel division which convey certain rights under the applicable local land division ordinance and the State Land Division Act (formerly the subdivision control act P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996 and P.A. 87 of 1997), MCL 560.101 et. seq.) and does not include any representation or conveyance of rights in any other statute zoning ordinance, deed restrictions or other property rights.

Finally, even if this division is approved, I understand local ordinances and state acts change from time to time, and if changed, the divisions made must comply with the new requirements (apply for division approval again) unless deeds representing the approved division(s) are recorded with the Cass County Clerk/Register (Register of Deeds) and division is built upon before the changes to laws are made.

**Property Owners Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For office use only – Reviewer's action: Fee \$250.00 Additional Fees \$ \_\_\_\_\_ Total Fees \$ \_\_\_\_\_ Check # \_\_\_\_\_*

Signature: \_\_\_\_\_ Date Application Completed: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**William Kays, Assessor**

**LAGRANGE TOWNSHIP**  
**APPLICATION FOR A SPECIAL USE PERMIT**  
**FILING FEE: \$250**

In accordance with Section 21 of the LaGrange Township Zoning Ordinance, this application is a request for a Special Use Permit for property located at:

ADDRESS OF PROPERTY: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

TAX PARCEL NUMBER: 14-040- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT:** (If the applicant is not the owner, the applicant must also show document of the right to apply. If the applicant is a business, please give the business name and a contact person.)

Name: _____	Phone: _____
Contact Person: _____	Fax: _____
Address: _____	Email: _____
_____	

**PROPERTY OWNER:**

Name: _____	Phone: _____
Contact Person: _____	Fax: _____
Address: _____	Email: _____
_____	

**INTEREST IN PROPERTY:**

Owner     Representing Owner     Option to Buy     Lessee     Other (specify) \_\_\_\_\_

**SITE STATISTICS:**

Zoning of Property: _____	Current Use: _____
Lot Dimensions: _____ ft. x _____ ft.	Non-Conforming Use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Area: _____ Acres _____ sq. ft.	Located in flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Public or Private Street Frontage: _____ ft.	

**Describe in detail your proposal for the property (Use a separate page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the property is currently developed, describe the nature of the use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Proposed Non-Residential Characteristics:**

Number of Employees: \_\_\_\_\_

Number of off street parking spaces: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

**Proposed Residential Characteristics:**

Number of single-family units: \_\_\_\_\_

Number of multi-family units: \_\_\_\_\_

Type of units: \_\_\_\_\_ Eff. \_\_\_\_\_ 2 br. \_\_\_\_\_ 3 br.

Number of off street parking spaces: \_\_\_\_\_

**Is the request in conformance with the general standards set forth in Section 21 *Special Use Permits* of the Zoning Ordinance:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*The applicant shall also provide any other information that is available or requested.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed name of Applicant**

\_\_\_\_\_  
**Date**

**The foregoing information shall be filed with the LaGrange Township Zoning Administrator along with a filing fee of \$250. For further assistance, please contact:**

**Zoning Administrator**

Jason Pompey

PO BOX 222

Cassopolis, MI 496031

(269) 535-7463

MIZoningSolutions@gmail.com

**For Zoning Administrator Use Only**

Date Filed:

Check #:

Amount:

**NOTES:**