Clinton Township

172 W. Michigan Ave. / P.O. Box G
Clinton, MI 49236
PHONE: 517 456-4837   FAX 517 456-4608

ZONING COMPLIANCE PERMIT APPLICATION

Check #_____
Amount _____

Permit N°.:__ __ __ __ __ __

Receipt N°:__ __ __ __

Address of Property: _____

Tax / Parcel Number: CL__ - __ __ __ - __ __ __ __ - __ __

Current Property Zone:

☐ Agricultural   ☐ Suburban Residential   ☐ Multi-Family Residential
☐ Mobile Home Residential   ☐ General Commercial   ☐ Highway Service Commercial
☐ Light Industrial   ☐ Suburban Estate   ☐ Lake Residential
                              ☐ Parks & Open Space

> **NOTE:**   If applicant is NOT the owner of the property, this application MUST be accompanied by a letter from the owner giving authority to the applicant to act on his behalf.

Owner's Name: _____
Owner's Address: _____
Owner's Phone: (__ __ __) __ __ __ - __ __ __ __ . . . . . Cell Phone (__ __ __) __ __ __ - __ __ __ __

This application for a Zoning Compliance permit **must** be accompanied by the following:

1. Two (2) copies of an accurate survey drawing (site plan) of said property showing ALL <u>existing</u> and <u>proposed</u> structures.
   a. The drawing shall also show all building setbacks from all property lines.
   b. A description and use for each of these structures.
2. A copy of proof of ownership (tax bill or deed).
   PLEASE ATTACH ALL SITE PLANS, STATEMENT(S) OF SUPPORTING DATA, EXHIBITS, INFORMATION, EVIDENCE, LETTERS OR OTHER PERTINENT DOCUMENTS TO THIS APPLICATION.

1. **Application is hereby made to:**
   a. ☐construct a new building
   b. ☐alter an existing building and change the foot print.
   c. ☐add to an existing building
2. Lot area / size: _____ acres / sq. ft
3. Average lot width: _____ _____ ft.   8. Number of bedrooms: _____
4. Front yard setback: _____ ft.   9. Rear yard setback: _____
5. Side yard setback: _____ _____ ft.   10. Percentage of lot covered: __ __ %
6. Opposing side yard setback _____   11. Building height (s) _____ft.
7. Total floor area: _____ sq. ft.   12. Stories: _____

1. Number of <u>Off-street parking spaces</u> for cars: _____
2. Is central sewer available? ☐ YES ☐ NO
3. Minimum distance between buildings: _____

I/WE DO HEREBY SWEAR/ATTEST THAT THE PRECEDING INFORMATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

I/We hereby grant permission for the Clinton Township Zoning Inspector to enter the described property for the purpose of gathering information related to this request.

_____   ____ /__ __ /20__ __
Signature   Day   Month   Year

FOR OFFICE USE ONLY

Date received: __ __ / __ __ / 20__ __   By _____
.   Day   Month   Year

Zoning compliance is:
☐ Granted
☐ Refused — for the following reason(s): _____

_____
_____
_____
_____
_____
_____
_____

Zoning Inspector: _____ Date: __ __ / __ __ / 20__ __
.   Signature   Day   Month   Year