

# Clinton Township

172 W. Michigan Ave. / P.O. Box G  
Clinton, MI 49236  
TEL/FAX (517) 456-4837



## ZONING COMPLIANCE PERMIT APPLICATION

Check # \_\_\_\_\_  
Amount \_\_\_\_\_

Permit N°: \_\_\_\_\_  
Receipt N°: \_\_\_\_\_

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

Tax / Parcel Number: CL\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Property Zone:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agricultural            | <input type="checkbox"/> Suburban Residential | <input type="checkbox"/> Multi-Family Residential   |
| <input type="checkbox"/> Mobile Home Residential | <input type="checkbox"/> General Commercial   | <input type="checkbox"/> Highway Service Commercial |
| <input type="checkbox"/> Light Industrial        | <input type="checkbox"/> Suburban Estate      | <input type="checkbox"/> Lake Residential           |
|  | <input type="checkbox"/> 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 existing and proposed 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.
4. Front yard setback: \_\_\_\_\_ ft.
5. Side yard setback: \_\_\_\_\_ ft.
6. Opposing side yard setback \_\_\_\_\_
7. Total floor area: \_\_\_\_\_ sq. ft.
8. Number of bedrooms: \_\_\_\_\_
9. Rear yard setback: \_\_\_\_\_
10. Percentage of lot covered: \_\_\_\_ %
11. Building height (s) \_\_\_\_\_ ft.
12. Stories: \_\_\_\_\_

**ZONING COMPLIANCE PERMIT APPLICATION**

1. Number of Off-street parking spaces 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