

**CLAYBANKS TOWNSHIP
ZONING PERMIT APPLICATION**
(Approved Application is the Zoning Permit)

(Property Owner)

(Mailing Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

OFFICE USE ONLY

Date Rec'd: _____

Zoning:
Residential: Ag Preservation:
Rural Preservation:

Fee Rec'd: _____

Receipt #: _____

ZONING PERMIT #: _____

COPIES: CLERK – ASSESSOR - OWNER

(Applicant Name & Contact information – if other than the Owner)

PROPERTY ADDRESS _____ (If vacant contact Oceana
County Equalization Department to have an address assigned)

PARCEL NUMBER 64 – 016 - _____ - _____ - _____ *Or attach a legal description*

CURRENT STATUS OF PARCEL: VACANT ____ IMPROVED ____

PROPOSED PROJECT:

SINGLE FAMILY HOME			POLE BARN	
MODULAR HOME			AG. STRUCTURE	
MFG DOUBLE WIDE			BUSINESS STRUCTURE	
ADDITON			SIGN	
GARAGE			OTHER	

PROPOSED BUILDING SIZE (DIMENSIONS) _____

SETBACKS FROM PROPERTY LINES

FRONT _____ RIGHT SIDE _____ LEFT SIDE _____
REAR _____ OTHER _____ HEIGHT _____

STATE OF MICHIGAN PERMIT # *(if applicable)* _____

SITE PLAN MUST BE ATTACHED, and show the following: Dimensions of lot, road or street locations, existing buildings and size, proposed buildings (s), and size, distance from property lines (front, rear, and sides), parking spaces (if applicable).

New Builds or Additions: Set of plans showing Floorplan, floors/story height, views, side & front, type of foundation or basement. Plan blueprint / or layout by the owner is acceptable.

- Owner(s) grant permission for the Claybanks Township: Zoning Administrator, Assessor, or any other representative to enter the above described property for inspections and/or the purposes of gathering information regarding this permit.
- Owner(s) certifies that all information provided is correct and will abide by all rules, regulations, zoning ordinances of State, County, and local Township, and all others that may apply. A copy of the Claybanks Zoning Ordinance book may be found at www.claybankstowship.org.
- The term owner(s) as stated above also refers to the builder and/or contractor.
- Owner(s) understand that this permit will be null and void, if issued for a property illegally split.
- Zoning permits are valid for one year. An extension of may be granted if requested in writing to the Zoning Administrator. (No charge for the 1st request)
- Other information may be requested by the Township prior to approval.

Applicant’s Signature: _____ Date: _____

Fee - \$45 (Checks made out to Claybanks Township)

When completed send application & fee to:
 Sara Bizon, Zoning Administrator
 Claybanks Township
 310 Riverside Drive
 Hart, MI 49420
 Phone: (231) 301-8045 (Monday – Thursday {9:00 a.m. – 4:00 p.m.})
 E-mail: zoning@claybankstowship.org

<u>OFFICE USE ONLY</u>	
PROJECT APPROVED _____	PROJECT NOT APPROVED _____
APPROVED: ZONING ADMINISTRATOR SIGNATURE _____	
DATE _____	
INSPECTION DATES:	
_____	_____
_____	_____
FINAL INSPECTION _____	
COMMENTS: _____	
