

CLAYBANKS TOWNSHIP
ZONING PERMIT APPLICATION

Parcel Number _____
Name: _____
Date: _____

(Applicant)

(Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

<u>OFFICE USE ONLY</u>	
Date Rec'd:	_____
Commercial:	<input type="checkbox"/>
Residential:	<input type="checkbox"/>
Ag:	<input type="checkbox"/>
Fee Rec'd:	_____
ZONING PERMIT #:	_____

ADDRESS OR LOCATION OF PROPERTY _____

PARCEL NUMBER _____

Or LEGAL DESCRIPTION _____

PROPOSED PROJECT & BUILDING SIZE: _____

SETBACKS FROM PROPERTY LINES

FRONT _____ RIGHT SIDE _____ LEFT SIDE _____

REAR _____ OTHER _____ HEIGHT _____

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 space (if applicable). **Site Plan must have Signature(s) of Owner(s) and dated.**

- 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) understands that the Zoning Administrator has to be contacted in advance for the following inspections: Footings, Rough-in.**
- **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.claybankstownship.org.**
- **Owner(s) understands that construction cannot commence until each inspection has been completed.**
- **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.**

Applicant's Signature: _____
Date: _____

Fee: \$45 - Please made checks payable to Claybanks Township

When completed send application & fee to:
Sara Bizon, Zoning Administrator
Claybanks Township
310 Riverside Dr.
Hart, MI 49420
Phone: (231) 301-8045
E-mail: sarasbizon@gmail.com

<u>OFFICE USE ONLY</u>	
PROJECT APPROVED _____	PROJECT NOT APPROVED _____
APPROVED: ZONING ADMINISTRATOR SIGNATURE _____	
DATE _____	
1 st INSPECTION COMPLETED ON: _____	MILEAGE: _____
2 nd INSPECTION COMPLETED ON: _____	MILEAGE: _____
FINAL INSPECTION COMPLETED ON: _____	MILEAGE: _____
OTHER: _____	COMMENTS: _____

Copies: Clerk Assessor Owner