CLAYBANKS TOWNSHIP ZONING PERMIT APPLICATION

***(Approved Application is the Zoning Permit)***

OFFICE USE ONLY

Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning: Res\_\_\_ Ag Pres\_\_\_

Rural Pres\_\_\_

Fee Rec’d: \_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_

**ZONING PERMIT #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

COPIES: ASSESSOR - OWNER

(Property Owner)

(Mailing Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

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

PARCEL NUMBER 64 – 016 -\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

PROPETY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If vacant contact Oceana County Equalization Department)

CURRENT STATUS OF PARCEL: VACANT \_\_\_\_ IMPROVED \_\_\_\_

**PROPOSED PROJECT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUILDING SIZE (DIMENSIONS): \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL FLOOR AREA (sf):\_\_\_\_\_\_\_\_\_\_

# of STORIES: \_\_\_\_\_\_\_\_\_ BASEMENT (sf): \_\_\_\_\_\_\_\_\_ 1st FLOOR (sf): \_\_\_\_\_\_\_\_\_

2nd FLOOR (sf) \_\_\_\_\_\_\_\_\_ DECK (sf): \_\_\_\_\_\_\_\_\_ GARAGE (sf): \_\_\_\_\_\_\_\_\_

**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.claybankstownship.org](http://www.claybankstownship.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 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@claybankstownship.org

OFFICE USE ONLY

PROJECT APPROVED \_\_\_\_\_\_\_ PROJECT NOT APPROVED \_\_\_\_\_\_\_

APPROVED: ZONING ADMINISTRATOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTION DATES:

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

FINAL INSPECTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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