

ZONING PERMIT APPLICATION

DAYTON TOWNSHIP
P.O. Box 68 Fremont, MI 49412
(231) 924-9509

INSTRUCTIONS:

Applicant shall provide the information required on pages one, two and three that applies to their proposal. Drawing should be clear and complete. Please type or print in pen.

GENERAL GUIDELINES:

Limit of one primary structure per parcel/lot (Sec. 13.10)

Minimum 10 ft. between primary/access. structures, 5 ft. between access. structures (Sec. 13.24)

No accessory building may project into a front yard setback area, except farm accessory (Sec. 13.11)

Minimum of 20 foot of continuous running wall per dwelling side (Sec. 2.02(19)b)

I. LOCATION OF PARCEL/LOT

PARCEL # 62-13-

Address	City	Zip Code
Between	And	

II. IDENTIFICATION OF OWNER/LESSEE

Name	Address		
Telephone Number	City	State	Zip Code

III. DETAILS OF IMPROVEMENT

A. Ownership

Private (individual, corporation, nonprofit institution, etc.)

Public (federal, state, or local government)

B. Service

Property serviced by: Public street Seasonal Road (see statement, pg. 4)

Private road Easement

C. Type of Improvement

Wrecking

New Building

Moving

Addition

Alteration

Repair/Replacement

Other - Specify _____

D. Type of Footing/Foundation/Understory

Standard

Monolithic Slab

Pole/Post

None

Foundation Only L _____ x W _____

Poured Floor L _____ x W _____

Crawl space L _____ x W _____

Basement L _____ x W _____

E. Current/Proposed Use and Improvement Dimensions

	Current/Proposed Use		Improvement Dimensions		
			Width (ft)	Length (ft)	Height (ft/stories)
Residential					
Vacant	[]	[]			
Single Family	[]	[]			
Duplex/Multi Family	[]	[]			
Breezeway/Porch/Deck/Pool	[]	[]			
Garage/Utility/Carport	[]	[]			
Other - Specify _____	[]	[]			
Non-residential					
Vacant	[]	[]			
Amusement/Recreational	[]	[]			
Church/Other Religious	[]	[]			
Industrial	[]	[]			
General Commercial	[]	[]			
Hospital/Institutional	[]	[]			
Hotel/Motel	[]	[]			
Office/Bank/Professional	[]	[]			
Public Utility	[]	[]			
School/Library/Other Educational	[]	[]			
Agricultural Building (See pg. 4)	[]	[]			
Other - Specify _____	[]	[]			

IV. STATEMENT OF AGENCY (if applicant is other than property owner)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent, and we agree to conform to all applicable laws of the State of Michigan as well as local ordinances. All information submitted on this application is accurate to the best of my knowledge.

Signature of Agent

Date

V. APPLICANT INFORMATION

By signing this application, I acknowledge that intentionally providing false information to obtain zoning approval, and/or failing to conform to the guidelines of this permit as approved, is a violation of the zoning ordinance and may lead to civil infraction citations and fines. I will also contact the township zoning officer for a site confirmation inspection when footings/poles are poured/set.

Name		Telephone	
Address	City	State	Zip Code

Signature of Applicant

Date

VI. PAYMENT INFORMATION

Zoning Permit Fee: **\$20.00** per structure

Payment Method: [] Cash

Fee enclosed: \$ _____

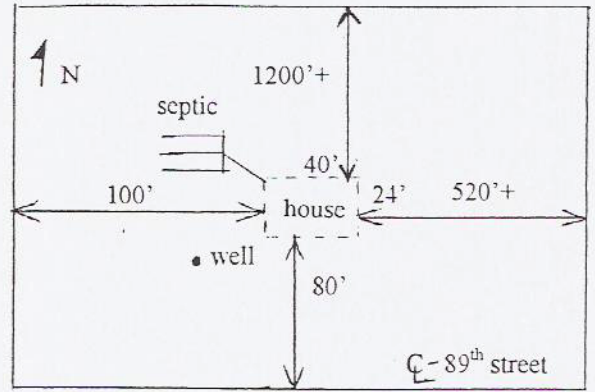
[] Check or Money Order (# _____)

Received By: _____

Date: _____

VII. SITE OR PLOT PLAN – For Applicant Use

Draw current and proposed structures with their dimensions and distances to each other, property lines and center line of adjoining streets. Parcels of two or less acres should show entire parcel. Indicate location of well and septic system, if used. Indicate north and show any known easements across property. Note: Distances in excess of 200 feet may be estimated to the nearest 10 feet. (See example to right.)



(For Township Use Only) Actual Structure Location [] Acceptable [] Not Acceptable
Inspected: _____, 20 _____ by _____.

VIII. PARCEL INFORMATION

Parcel Tax Number 62-13- _____ Zoning District _____
 Primary Use _____ Size of Parcel _____ acres/sq. ft.
 Avg. Depth _____ Avg. Width _____ Actual Frontage Along Street _____
 Yes No Lot of Record Yes No N/A Meets 12 pt. Req.
 Yes No Corner Parcel Yes No Platted Parcel
 Yes No Conforming Parcel Yes No PA 116 Parcel

IX. PROPOSED STRUCTURE INFORMATION

Primary Structure Accessory Structure Conforming Yes No

X. ZONING DISTRICT SETBACK REQUIREMENTS

	Minimum	Actual or Proposed
Front yard from center of R.O.W. of _____	_____	_____
Side yard from property lines _____	_____	_____
Rear yard from property lines _____	_____	_____
Lake front yard (if applicable) _____	_____	_____
River or stream bank (if applicable) _____	_____	_____

XI. ADDITIONAL STATEMENTS

A. Seasonal Road Statement

If proposed use is located on a seasonal road as noted in Section II B, above, the below must be signed by the property owner to confirm that they have been advised of the following:

I am requesting zoning approval for a project located on a seasonal road, which may not be maintained throughout the year by the Newaygo County Road Commission. I understand that Dayton Township assumes no liability for loss, damage, or injury related to the use of seasonal roads, nor the construction and/or use of any structures serviced by such roads. Further, the township is not responsible for maintaining, improving, or otherwise upgrading such roads to ensure safe passage of routine traffic or emergency vehicles.

Signature of Property Owner

Date

B. Agricultural Use Statement

If proposed use is agricultural in nature as noted in Section III E, above, the below must be signed by the property owner to indicate their understanding of and agreement with the following:

I am requesting zoning approval for an agricultural structure. I hereby affirm that the structure will be used only for an agricultural purpose, such as the storage of livestock, animal feed, seed, crops, or agricultural equipment. I understand that if I, or any lessee of the structure, desire to change its use to a non-agricultural purpose, I must first contact the township for zoning approval. I also understand that the proposed change in use may be denied or limited by ordinance.

Signature of Property Owner

Date

XII. ZONING REVIEW NOTES

A. Zoning Permit Application

Approved Denied If denied, reason for denial: _____
 Variance Granted by ZBA (Date: _____)

B. Additional Approvals Needed

<input type="checkbox"/> Yes <input type="checkbox"/> No Building Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No Water Supply
<input type="checkbox"/> Yes <input type="checkbox"/> No Septic/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No Soil Erosion	<input type="checkbox"/> Yes <input type="checkbox"/> No Variance
<input type="checkbox"/> Yes <input type="checkbox"/> No Special Use Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No Site Plan Review	<input type="checkbox"/> Yes <input type="checkbox"/> No Private Road
<input type="checkbox"/> Other (Describe) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Driveway

Zoning Administrator

Date