

Permit #: PZC \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

# ZONING COMPLIANCE PERMIT APPLICATION



Applicant to complete Sections I through VI.  
Faxed or incomplete applications or applications completed in pencil will not be accepted.

## I. PROJECT INFORMATION – FORT GRATIOT LOCATION INFORMATION ONLY

|                 |                                 |
|-----------------|---------------------------------|
| Street Address: | Parcel Number:<br><b>74-20-</b> |
|-----------------|---------------------------------|

## II. HOMEOWNER, CONTRACTOR AND APPLICANT INFORMATION

|                                                                             |                  |                    |                                       |                      |
|-----------------------------------------------------------------------------|------------------|--------------------|---------------------------------------|----------------------|
| <b>OWNER</b> <input type="checkbox"/> (Please check only if applicant)      |                  |                    |                                       |                      |
| Name:                                                                       |                  | Address:           |                                       |                      |
| City:                                                                       | State:           | Zip Code:          | Phone Number(s):                      | Email or Fax Number: |
| <b>CONTRACTOR</b> <input type="checkbox"/> (Please check only if applicant) |                  |                    |                                       |                      |
| Name:                                                                       |                  | Address:           |                                       |                      |
| City:                                                                       | State:           | Zip Code:          | Phone Number(s):                      | Email or Fax Number: |
| License #:                                                                  | Expiration Date: | MESC Employer ID # | Federal ID # or reason for exemption: |                      |

## III. TYPE OF IMPROVEMENT

|                                                                                                                                                                                               |                                                  |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| 1. <input type="checkbox"/> Accessory Structure (under 200 sq. ft.)                                                                                                                           | 2. <input type="checkbox"/> Fence, Wall, Barrier | 3. <input type="checkbox"/> Patio, Porch, Deck (under 200 sq. ft.) |
| 4. <input type="checkbox"/> Swimming Pool (above ground)                                                                                                                                      | 5. <input type="checkbox"/> Pond                 | 6. <input type="checkbox"/> Other (description): _____             |
| Material(s): _____ Height: _____ Square / Total Feet: _____ Value:\$ _____                                                                                                                    |                                                  |                                                                    |
| Description/Style of improvement: _____                                                                                                                                                       |                                                  |                                                                    |
| 2. Fences: Decorative side faces out: Yes <input type="checkbox"/> No <input type="checkbox"/> Fence is located along property line: Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                  |                                                                    |

## IV. SETBACKS / REQUIREMENTS (SHADED AREAS TO BE COMPLETED BY ZONING ADMINISTRATOR)

|                                  |    |    |                                  |    |    |
|----------------------------------|----|----|----------------------------------|----|----|
| Front Setback from Property Line | FT | FT | Rear Setback from Property Line  | FT | FT |
| Left Setback from Property Line  | FT | FT | Right Setback from Property Line | FT | FT |
| Setback From Any Other Structure | FT | FT | Setback From Any Other Structure | FT | FT |

## V. APPLICANT SIGNATURE

I hereby acknowledge that I have read this application and state that the information given is correct. All work shall comply with all Township Ordinances and State Laws regulating construction and shall not be enclosed, covered or put into operation or use until it has been inspected and approved by the Building Official. I will cooperate with the Building Department and assume the responsibility to arrange all necessary and required inspections. I understand that work cannot begin and the permit cannot be issued until the application is approved and the Zoning Compliance Affidavit is filed.

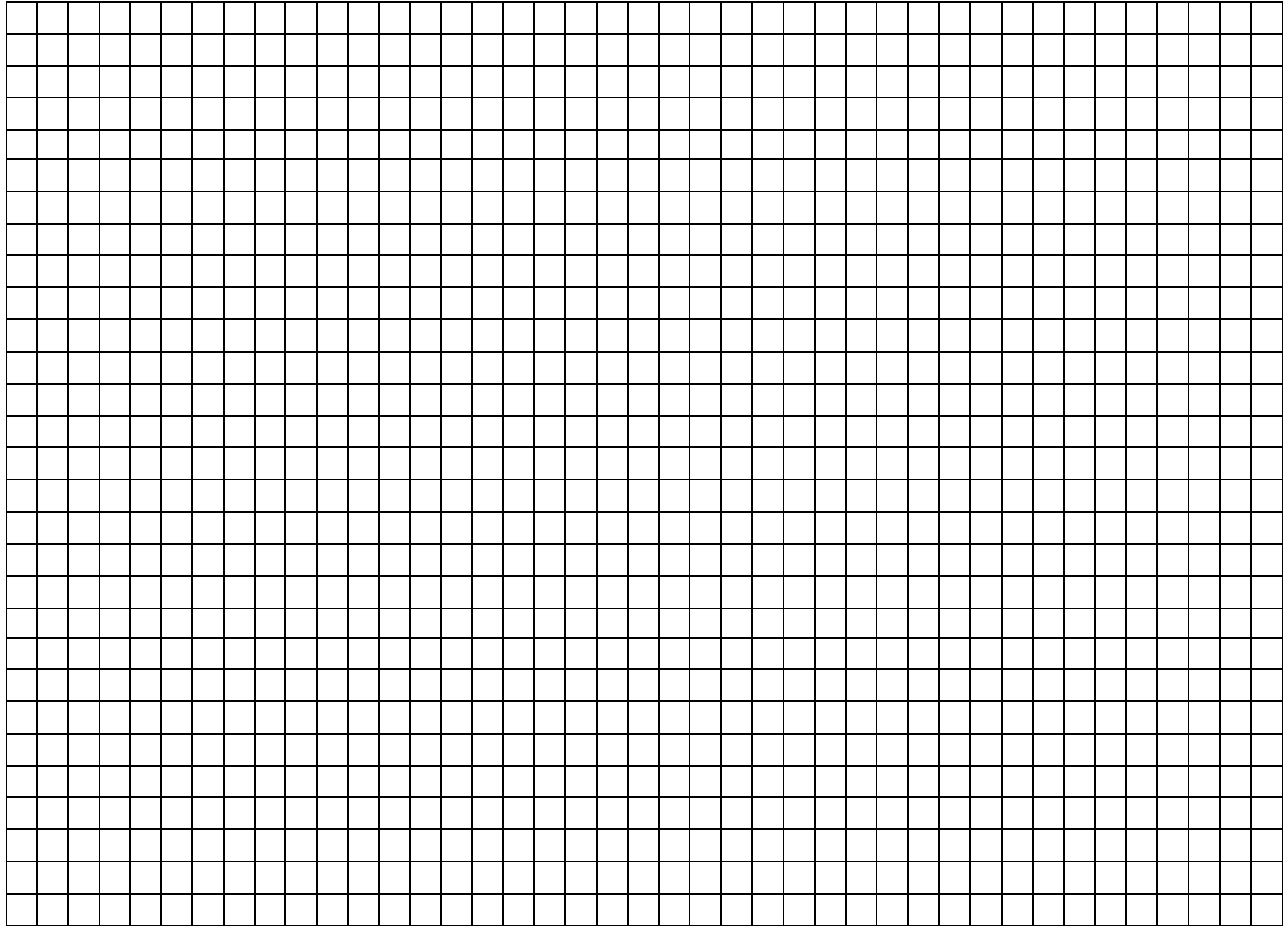
\_\_\_\_\_  
Signature of Contractor or Homeowner designated as Applicant above

\_\_\_\_\_  
Date

| FEE DESCRIPTIONS               | FEE TOTALS |
|--------------------------------|------------|
| Zoning Compliance Permit Fee   | \$ 25.00   |
| Other                          | \$         |
| <b>TOTAL DUE UPON ISSUANCE</b> | <b>\$</b>  |

## PAYMENT VALIDATION

**VI. SITE / PLOT PLAN – MUST BE COMPLETED OR SEPARATE SHEET ATTACHED – FOR APPLICANT USE ONLY**  
PLOT PLAN MUST INCLUDE: 1) LOT DIMENSIONS, 2) STREET, ALLEY AND EASEMENT LOCATIONS, 3) LOCATION, USE AND DIMENSIONS OF EXISTING STRUCTURES ON LOT, 4) PARKING SPACES, 5) PROPOSED CONSTRUCTION WITH DIMENSIONS, 6) FRONT, REAR & SIDE YARD SETBACKS, 7) NORTH ARROW, 8) DRAINS / NATURAL FEATURES



The Fort Gratiot Charter Township will not discriminate against any individual or group because of race, sex, religion, age, natural origin, color, mental status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

*~FOR OFFICE USE ONLY~*

**VII. APPLICATION REVIEWS AND APPROVAL**

|                                       |                       |                   |                                               |            |
|---------------------------------------|-----------------------|-------------------|-----------------------------------------------|------------|
| <b>A. ZONING REVIEW / APPROVAL</b>    |                       |                   |                                               |            |
| Use Zone:                             | Flood Zone/Map Panel: | Lot Area:         | Lot Frontage:                                 | Lot Depth: |
| ZBA/Planning Commission Hearing Date: |                       | Hearing Comments: |                                               |            |
| Remarks:                              |                       |                   |                                               |            |
| <input type="checkbox"/> Rejected     | Date:                 | Reviewed by:      | <input type="checkbox"/> Zoning Administrator |            |
| <input type="checkbox"/> Approved     | Date:                 |                   | <input type="checkbox"/> Other:               |            |

|                                                 |       |              |                                            |  |
|-------------------------------------------------|-------|--------------|--------------------------------------------|--|
| <b>B. BUILDING DEPARTMENT REVIEW / APPROVAL</b> |       |              |                                            |  |
| <input type="checkbox"/> Rejected               | Date: | Reviewed by: | <input type="checkbox"/> Building Official |  |
| <input type="checkbox"/> Approved               |       |              | <input type="checkbox"/> Other:            |  |

|                                                  |       |              |                                   |  |
|--------------------------------------------------|-------|--------------|-----------------------------------|--|
| <b>C. ASSESSING DEPARTMENT REVIEW / APPROVAL</b> |       |              |                                   |  |
| <input type="checkbox"/> Rejected                | Date: | Reviewed by: | <input type="checkbox"/> Assessor |  |
| <input type="checkbox"/> Approved                |       |              | <input type="checkbox"/> Other:   |  |

RECEIPT #: \_\_\_\_\_ CREDIT CARD: MC  VISA  DISCOVER  CASH  CHECK  CHECK NUMBER: