

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 LOCATION – FORT GRATIOT INFORMATION ONLY

Street Address:	Parcel Number: <b>74-20-</b>
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## 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—DRAWINGS/PHOTOS MUST BE ATTACHED, INCLUDING FENCE & EXTERIOR MATERIALS

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: _____		
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"/> <b>DRAWING ATTACHED</b>		

## 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





Fort Gratiot Charter Township

3720 Keewahdin Road

Fort Gratiot, Michigan 48059

ZONING COMPLIANCE PERMIT HOLD HARMLESS AFFIDAVIT

PERMIT ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPERTY TAX ID: 74-20-\_\_\_\_\_

PERMIT PZC: \_\_\_\_\_

As the PROPERTY OWNER  or APPLICANT  (check only one) of the above referenced property,

I, \_\_\_\_\_ assume full responsibility for locating any proposed construction, for which a zoning compliance permit is required, in the correct location as required by the Fort Gratiot Charter Township Zoning Ordinance, and further ensure that all construction is installed only on my or my client's property. I am locating the construction based on information I have obtained on my own. Fort Gratiot Charter Township has not made any representations concerning the location of property lines or the location of proposed construction. I shall indemnify and hold the Fort Gratiot Charter Township and its employees and assigns harmless from any and all claims, actions, causes of action, demands, rights, damages, costs, expenses, attorney fees and compensation whatsoever, arising from or relating in any way to the proposed construction whether on my property or on any adjacent properties.

I, as identified above, HAVE  or HAVE NOT  (check only one), provided a survey to Fort Gratiot Charter Township during the permit process and have done due diligence to locate my or my client's property lines.

\_\_\_\_\_  
Owner/Applicant Street Address, City, State, ZIP

\_\_\_\_\_  
Owner/Applicant Contact Phone Number

\_\_\_\_\_  
Owner/Applicant Contact Email

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Owner/Applicant Printed Name

**FORT GRATIOT USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By