

FEE

ARCADIA TOWNSHIP ZONING-LAND USE APPLICATION/PERMIT

Permit # _____

Arcadia Township ♦ 3422 Lake Street Arcadia, Michigan 49613

- Include a detailed site plan showing the lot with dimensions, proposed construction, setbacks and any natural features on the site.
- You must answer all questions and include all attachments, or this will be returned to you.

DATE SUBMITTED _____

ADDRESS OF CONSTRUCTION LOCATION _____ _____ _____ _____	DESCRIBE YOUR PROJECT _____ _____ _____ _____
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NAME OF PROPERTY OWNER Name: _____ Address if different then Construction Location: _____ _____ _____ Phone (____) _____ Cell (____) _____	APPLICANT NAME (if not the property owner): Name: _____ Address: _____ _____ _____ Phone (____) _____ Cell (____) _____
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PARCEL INFORMATION 1. Parcel Identification Number: _51-01- _____ 2. Zoning District _____ <table border="1" style="width:100%"> <tr> <td style="width:50%">Minimum Lot Size Required as per the Zoning Ordinance (in square footage):</td> <td style="width:50%">Existing Lot Size (in square footage):</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Minimum Lot Size Required as per the Zoning Ordinance (in square footage):	Existing Lot Size (in square footage):			PROPOSED NEW PROJECT INFORMATION Total square footage of new building and/or structure _____ <table border="1" style="width:100%"> <tr> <td style="width:50%">Proposed setbacks from new building and/or structure:</td> <td style="width:50%">Required Setbacks from new building and/or structure:</td> </tr> <tr> <td>Front yard _____</td> <td>Front yard _____</td> </tr> <tr> <td>Side yards(both) _____</td> <td>Side yards(both) _____</td> </tr> <tr> <td>Rear yards _____</td> <td>Rear yards _____</td> </tr> </table>	Proposed setbacks from new building and/or structure:	Required Setbacks from new building and/or structure:	Front yard _____	Front yard _____	Side yards(both) _____	Side yards(both) _____	Rear yards _____	Rear yards _____
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Side yards(both) _____	Side yards(both) _____												
Rear yards _____	Rear yards _____												

AFFIDAVIT:
 I agree the statements made above are true, and if found not to be true, this Zoning Permit may be revoked. Further, I agree this Permit is issued with the understanding the conditions and regulations contained within this application, and any other applicable sections of the Arcadia Township Zoning Ordinance, will be complied with. **Also, I agree to notify the Zoning Administrator named below for inspection before the start of construction when locations of proposed uses are marked on the ground.** Further, I understand this is a Zoning Permit which conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

I understand that this permit is valid for one (1) year if started within one year of application. This form must be completed before a Building Permit can be issued. You must post this permit so as to be visible from the road during your construction.

Other Zoning Requirements as determined by the Zoning Administrator

Signed _____
 _____ Date _____

Zoning Administrator _____
 _____ Date _____