

DOUGLASS TOWNSHIP
3521 W. McBrides Rd. Stanton, Michigan 48888
phone: 989-762-8014 email: douglasstwp@gmail.com fax: 989-762-9018

ZONING PERMIT APPLICATION Dwellings and Related Accessory Uses/Structures
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Notice to applicants: Application and questions must be completed in full, and submitted to the Zoning Administrator, along with 3 copies of required items (see #15). If additional space is needed, number and attach additional sheets. Approval of this application is required before a zoning permit can be issued. The erection or excavation of any building or structure prior to the issuance of a Zoning Permit and Building Permit is a violation of the Zoning Ordinance.

1) **Applicant:** _____

Name	Street Address	City/State/Zip	Phone
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2) **Landowner:** _____

(if different)

Name	Street Address	City/State/Zip	Phone
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3) **Applicant's Interest in Parcel:** : Owner Leasee Buy Option Other

4) **Parcel Address:** _____

5) **Tax parcel #: 59-007-** _____ - _____ - _____

6) **Zoning District:** _____

7) **Deed Restrictions on Parcel:** Yes No

8) **Existing Use of Parcel:** _____

9) **Proposed Use of Parcel:** _____

10) **Legal description:** _____

11) **Names, addresses and phone #'s** of all other persons or entities having legal or equitable interest in the land, not listed in (1) or (2): _____

12) **Application is made for the following:** (check all that apply)

- Single Family Dwelling Detached garage Outdoor Swimming Pool
- Pole Barn or other accessory building (excluding garage)
- Other/Specify _____

13) **Describe the nature of the proposed activity:**

- New dwelling, and/or accessory residential use/building
- Expansion, renovation and/or repair of existing dwelling and/or existing accessory residential use/building
- Other/Specify: _____

14) **If the parcel or any existing structure(s) are nonconforming,** describe each nonconformity. These nonconformities may apply to, for example, setbacks, lot area, lot width, and building height. _____

15) Supporting documents: 3 copies of the following shall be submitted along with 3 copies of this completed section.

- A. **Site/Plot Plan:** must include dimensions of parcel, **locations and dimensions** of:
 - ___ existing structures
 - ___ wells, septic tanks, and drain fields
 - ___ setbacks from property lines
 - ___ proposed structures/improvements to the property
 - ___ driveway with distance to property lines
 - ___ names of roads, lakeshores, streams, easements, or other rights of way
 - ___ north arrow or other directional indicator on sketch
 - ___ height of building
- B. **Proof of Property Ownership:** attach proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property.
- C. **Deed Restrictions:** Attach copies of all deed restrictions applicable to subject property.
- D. **Detailed description:** Attach a detailed description of the proposed actions for which this application is being made. Applicant and Preparer signature, along with the date of the description, is required.
- E. **Copies of permits:** Attach copies of all permits received, such as septic, well, driveway, wetland, and soil erosion/grading permits.
- F. **Legal Description:** Attach copies of legal description
- G. **Survey of property required to be provided** (does not need to be new survey)
- H. **List of Attachments:** Check attachments as applicable/note the number of pages:

___ Plot Plan; pages _____	___ Proof of property ownership; pages _____
___ Deed Restrictions; pages _____	___ Detailed Description; pages _____
___ Legal description; pages _____	___ Survey (permanent structures); pages _____
___ Permits _____	pages _____
___ Other _____	pages _____
___ Other _____	pages _____
- I. **Land Division approval** (if required)

15) Affidavit: I (we) agree that the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. I (we) agree to comply with the conditions and regulations provided with any permit that may be issued and that any permit that may be issued is with the understanding that all applicable provisions of the Douglass Township Zoning Ordinance will be complied with. I (we) agree to notify the Douglass Township Zoning Administrator for inspection before the start of construction, when locations of proposed uses and structures are marked on the ground. I (we) agree to permit officials of Douglass Township and Montcalm County to enter the property subject to this permit application for purposes of inspection. I (we) understand this is a zoning permit application and NOT A PERMIT and that a zoning permit, if issued, 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.

Applicant(s) signature(s) _____ Date _____
 Applicant(s) signature(s) _____ Date _____
 Property Owner(s) signature(s) _____ Date _____
 (if different from Applicant)
 Property Owner(s) signature(s) _____ Date _____
 (if different from Applicant)

FOR TOWNSHIP USE ONLY

Application number:			Tax Parcel Number:
Date received: Fee Paid (\$60.00)	Date	Receipt #	Zoning Administrator action taken: __Approved __Denied __Approved with conditions
1)			
2)			

Notes: _____

Contact the following county departments for proper permits:

Building, Electrical, Plumbing, and Mechanical Permits:
Montcalm County Building Department 989-831-7394

Well and Septic permits:
Mid Michigan Health Department 989-831-5237 ext. 4

Driveway permits:
Montcalm County Road Commission 989-831-5285

New Address (house numbers)
Montcalm County Equalization Department 989-831-7322

Permits are available online at [Montcalm County, MI | Official Website](http://www.montcalmcountymi.gov)