Colfax Township & Village of Thompsonville Joint Planning Commission / Joint Zoning Ordinance

Mail application, support documents <u>and</u> permit fee to:
Zoning Administrator, P.O. Box 115, Thompsonville, MI 49683
Make check payable to **JPC** for permit fee: \$40 - dwelling, \$40 - accessory use/structure
*** Permit required but <u>no</u> fee for fences, demolitions or removal of buildings/structures * * *
Contact: Angel Kraft, Zoning Administrator – 231-970-1560

ZONING PERMIT APPLICATION for a DWELLING

and related accessory uses/structures.

This application must be completed in full and <u>3 copies</u> submitted to the Zoning Administrator (see #13). <u>All questions must be answered completely.</u> 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 of a building or structure, or excavation for any building or structure, prior to the issuance of a Zoning Permit, is a violation of the Joint Zoning Ordinance (posted on colfaxtownship.org).

References to "Section" and "Article" refer to the Greater Thompsonville Area Joint Zoning Ordinance. They are provided to assist the applicant. The references highlight parts of the Ordinance that may be applicable but do not necessarily identify all parts that apply.

	, , , , ,	,
1) APPLICANT:		
Name Street A	, , ,	Telephone #
<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Lessee ☐ Buy Option ☐ Other/Specify:	
3) Property Address:	between and	Roads
4) Landowner: Name, address & phone number of	12) This application is made for a:	
landowner if different than "Applicant":	(check all as appropriate)	Addition or New Alteration
5): Property Tax #:	Single Family Dwelling (Sec. 18.6)	
6) Zoning District:	Two-Family Dwelling	
7) Property Acreage:	Temporary Dwelling (Sec. 18.7)	
8) Existing Use:	Accessory Bldg./Garage (Sec. 18.8)	
9) Is parcel in a: □ platted subd. □ condo. subd.	Accessory Bldg./Pole Barn (Sec. 18.8)	
If "yes", subdivision. name:	Outdoor Swimming Pool (Sec. 18.16)	
10) Deed restrictions on parcel: ☐ Yes ☐ No	Other/Specify:	
If "yes", attach.	13) Supporting Documents:	<u>.</u>
11) Names, addresses, phone #s of all other persons or entities having legal or equitable interest in the land: a) Plot Plan: Submit 3 copies of this completed form, a Plot Plan prepared according to Sec. 3.4(B)1 and other support documents. Proof of Property Ownership: Attach 1 copy such as warranty deed, land contract or other evidence of interest in the property showing it was recorded at the Benzie County Register of Deeds. Deed Restrictions: Attach a copy of all deed restrictions applicable to the property. 14) AFFIDAVIT: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Zoning Permit applied for, if granted, is issued on the representations made herein and that any Zoning Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.		
Applicant Signature(s) Date	Property Owner's(s) Signature(s) (if different than applicant) OFFICE USE ONLY	Date
Application Number: Date Received:	Property Tax #:	(dialogo and the C
	Zoning Administrator Action Taken	
Fee Paid Date Receipt #	Approved Approved with Condition	ons Denied
2)	on the following date:	
Notes:		