## Koylton Township, Michigan

## **Land Use Permit Application**

Office of Zoning Department

Parcel Owner Informa	tion:	Permit#			
Date:					
Name of Owner:					
Address:					
City:	State:	Zip Code:			
Phone:	Email:				
Parcel ID# 079-016					
Job Site Location:					
Address:					
N[] S[] E[] W[] side	of:	Road			
Between	and	Roads			
Applicant:					
Is Applicant the: [ ] Home	owner [ ] Contra	ctor			
Name:					
Address:					
City:	State:	Zip Code:			
Phone:	Email:				
• Permit To:					
Construct New [ ] Alter	[ ] Remodel [ ] A	ddition [ ] Detached Garage [ ] Pole Barn [ ]			
Single Family Dwelling [ ] SFD/Attached Garage [ ] Accessory Building [ ] Porch [ ]					
Multi Family Dwelling [ ] Commercial Building [ ] Industrial Building [ ] Other [ ]					

•	Brief Description of Intended use/Additional information:									
•	Proposed Se	tbacks:								
	Front:	Ft.	Right:	Ft.	Left:	Ft.	Rear:	Ft.		
•	Building Info	ormation	:							
	Length:(Fe	eet)	Width:(Fee	et)	Length:(Fee	et)	1 <sup>st</sup> Floor:(S	q.Ft.)		
			2 <sup>nd</sup> Floor:(Sc	μ.Ft.)	Garage:	(Sq.Ft.)				
Percen	Percent of Parcel Coverage: Acreage of Building Site:									
Curren	rrent Zoning Classification:			Length of Access Driveway:						
Tuscola County Environmental Health Permit#										
Well:	: Septic:									
•	Tuscola County Road Commission Driveway Permit#									
Permit	:#									
•	County Building Code Permit#									
Permit	#									

• Plot Plan Required (indicating the following must accompany this application)

All property lines, including their dimensions for existing and proposed buildings and/or structures, including accessory structures. All setbacks for new construction and existing structures, including accessory structures. Location of existing and/or proposed driveways, including length of access to the road. North arrow and name of road from which the subject property has frontage or access. Well and Septic systems.

## Application Signature:

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to the proposals submitted and approved herein, and all applicable zoning requirements of Koylton Township, County of Tuscola, and the State of Michigan. I understand that is my responsibility to be aware of any deed restrictions, subdivision regulations, flood plain/drain/wetland regulations. I shall contact and comply with all Building Codes in this project. All information submitted on this application is accurate to the best of my knowledge.

Name: (Signature)		Date:				
Name: (Printed)						
Code Compliance Officer:						
Date: Approved: [	] Not Approved: [ ]	Rejected: [ ]				
Code Compliance Officer Signatu	ire:					
Notes:						
Amount Paid:	Receipt#:	Check or MO#:				
Application for permit Approved with the following conditions:						
Reason for Rejection:						
Referred to Planning Commission	n· [ ] Zoning Board of	Anneals: [ ]				

## Gray areas are for Township use only:

Ref: Article X, Section 10.2 D. Any Permit under which no work is done within six (6) months from the date of issuance hall expire by limitation: but shall be renewable upon re-application and on payment of the original fee: subject however, to the provisions of all ordinances at the time of renewal. All Permits expire after two (2) years of issuance.