

ONEKAMA TOWNSHIP

LAND USE PERMIT APPLICATION

FROM:

(applicant)

(address)

(city, state, zip)

(telephone, home and business)

FOR OFFICE USE ONLY:

Case Number: _____
Date Received: _____
Fee Received: _____
Receipt Number: _____
Zoning Approved (date): _____
Zoning Denied (date): _____
Reason for Denial: _____
Signature of Zoning Administrator _____

(date)

PROPERTY OWNER'S NAME AND ADDRESS: (if not the applicant)

Phone: _____

APPLICANT'S CAPACITY IF NOT THE PROPERTY OWNER (circle one) **

Builder _____ Have option to purchase _____ Other _____

** **(Applicant must have a written statement from the property owner to act as their agent)**

CONSTRUCTION SITE ADDRESS (if known) _____

Section: _____ Land Use District: _____ Parcel Size _____
Parcel Tax I.D. Number 51-11- _____ - _____ - _____

LEGAL DESCRIPTION OF PROPERTY: (Attach separate sheet if necessary. Attach certified survey of property if in Land Use District RR-1, RR-2, RR-3, RR-4 or SUR.)

SIZE OF PROPOSED BUILDING, STRUCTURE, ADDITION, ETC.: _____

PROPOSED USE OF BUILDING, STRUCTURE, ADDITION, ETC.: _____

[] **ATTACH SITE PLAN, DRAWINGS AND SPECIFICATIONS FOR THE PROPOSED LAND USE AND RELATED STRUCTURES:** (A minimum Basic Site Plan pursuant to Section 9404 is required. See attached instructions.)

[] **FOR USES OTHER THAN DWELLINGS OR RELATED ACCESSORY BUILDINGS OR STRUCTURES, ATTACH STATEMENT DESCRIBING TYPE OF OPERATION, SERVICES PLANNED, NUMBER OF EMPLOYEES, NUMBER OF OCCUPANTS, NUMBER OF PARKING SPACES, ETC., AS APPLICABLE.**

[] **ATTACH COPIES OF APPLICABLE FEDERAL, STATE, COUNTY OR OTHER PERMITS PREREQUISITE TO THIS PERMIT.** (See attached instructions)

AFFIDIVIT: I verify that the information and statements made in this application are true and accurate, and understand if found not to be true, any land use permit that may be issued, may be revoked. Further, I agree that any permit that may be issued is with the understanding that I/we will comply with all applicable Sections of the Onekama Township Zoning Ordinance. Also, I agree to notify the Onekama Township Zoning Administrator **BEFORE** the start of any construction, when the proposed uses are marked on the ground for the purpose of a pre-construction inspection. Further, I understand that this is a permit application (not a permit) and that a Land Use Permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code or deed restriction of other property rights. Further, I agree that if a Land Use Permit is issued, I give permission for officials from the State of Michigan, Manistee County and Onekama Township to enter the property for the purposes of inspection.

Applicant: _____
Date: _____

WHEN COMPLETED SEND TO: Onekama Township Zoning Administrator
Onekama Township Hall
5435 Main Street, P.O. Box 458
Onekama, MI 49675

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FAX (231) 889-3308
e-mail onekamazone@
charterinternet.com