

ZONING PERMIT APPLICATION

PERMIT #: _____

PARCEL #: _____

PERMIT FEE #: _____

ALBERT TOWNSHIP APPLICATION

RESIDENTIAL LAND USE

OWNER/RENTER: _____ DATE: _____

ADDRESS: _____ PHONE: (____) _____

CONTRACTOR: _____

BUILDING SITE ADDR: _____ **EST. PROJECT COST \$** _____

PROPERTY OWNER ADDR: _____

PROJECT DESCRIPTION: _____

Type of Land Use Project

Sq. Ft.

Zoning District

Residence:

- New Building One Story _____
- New Building Two Story _____
- Addition _____
- Carport _____
- Deck, Patio, Porch _____
- Retaining Wall _____

- RR
- R-1
- R-1GB
- R-2
- R-3
- FR
- MHP

1 Story _____ sq.ft.
2 Story _____ sq.ft.
of Bedrooms _____
of Bathrooms _____
Type of Heating _____
Air Conditioning _____
Fireplace _____
Basement _____

Accessory Building

- Attached/Detached _____
- Stand Alone _____
- OTHER _____

Greenbelt

- Rip Rap, Seawall, Natural Shoreline
- Vegetation Alteration (Use subject approval)
- Waterfront Development (Site Plan Review)

PARCEL SIZE: _____

SUBDIVISION: _____

PARCEL CONFORMING: YES / NO

NON CONFORMING: YES / NO

NO permit will be issued until the building site has been inspected and meets all set-back requirements. A survey shall be required if boundary lines are not clearly defined. I, the undersigned, agree the statements above are true, and if found not to be true this application and any approval will be voided. Further, I agree to comply with the conditions and/or regulations provided with any zoning approval granted as a result of this application. Finally, I hereby give permission for officials of the township, county, and the State of Michigan to enter the property for purposes of inspection to ensure compliance with all zoning ordinance regulations and/or continuing with any conditions imposed.

Signature of Owner/Agent/Contractor

Date

GREENBELT REQUIREMENTS MAY APPLY

1. *A vegetation strip shall be maintained for a distance of 35' inland measured from the ordinary high water mark, bulkhead, seawall, or riprap, if present.*
2. *If a vegetation strip does not now exist, it is highly encouraged to do some plantings to create such vegetation strip to protect the water's edge.*

Fire Department Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Safety Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Maintenance Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Zoning Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Receipting Information

Application Received By: _____	Date: _____
<input type="checkbox"/> Received Site Plan	Employee Initials: _____ Date: _____
<input type="checkbox"/> Received Fee CK#	Employee Initials: _____ Date: _____

Permit Information

Request Approved _____

Request Denied Reason: _____

Signature: _____ Date: _____

Printed Name: _____