

PERMIT #

PROPERTY #

ADDRESS

NAME

Zoning Compliance Permit

Permit # _____

<p>Check all that apply</p> <input type="checkbox"/> Demolition <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Swimming Pool/Hot Tub <input type="checkbox"/> Sign <input type="checkbox"/> Other	<p>Conforming Lot?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Conforming Structure</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Waterfront Lot</p> Yes ___ No ___ <p>(or within 500 ft)</p> Yes ___ No ___
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OFFICE USE ONLY	
Date Received _____	
Application Fee \$75.00	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	
Receipt # _____	
<p>Permit fees double (\$150.00) if work is started before permit is approved.</p>	

Date: _____	
Parcel ID Number: _007_ - _ - -	Builder Name: _____ Phone: () - -
Property Owner(s) Name:	Applicant(s) Name:
Mailing Address:	Mailing Address:
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone: _____	Phone: _____
<p>Location of Property:</p> Address _____ on the W <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> side of the road Between _____ rd & _____ rd	<p>Proposed Building Information:</p> <p style="text-align: center;"><u>Building Dimensions:</u></p> W ___ L ___ H ___ # Stories ___ Building size _____ Sq. Ft
All used manufactured housing/mobile homes are subject to inspection prior to installation.	All dwellings must be at least 720 sq. ft.
<p>This Application must be signed by the property owner(s). In lieu of a signature on this Application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner.</p>	
<p>I hereby attest that the information on this Application form is, to the best of my knowledge, true and accurate and that I intend to comply fully with all Ordinances and regulations of Hayes Township, Clare County, Michigan, the Health Department, all applicable building codes and all other applicable agencies that may be involved.</p>	
_____ Owner Signature	_____ Date
<p>Permission to Enter</p> <p>I hereby grant permission for the Hayes Township Zoning Administrator or duly appointed representative to enter the above described property until such time as a final <i>Occupancy Permit</i> is issued, solely for the purpose of ensuring compliance with the requirements of Hayes Township as related to this Application.</p>	
_____ Owner Signature	_____ Date

Zoning Compliance Permits Expire 1 Year After Approval Date.

P.O. Box 310
2055 E. Townline Lake Road
Harrison, Michigan 48625



Phone: (989) 539-7128
Fax: (989) 539-7129
www.hayestownship.com

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Property Sketch Required. SITE PLAN

Show sufficient detail including property lines, roads, proposed buildings, fences, decks, additions, and/or accessory buildings with setbacks from property lines and R.O.W.'s.

For Hayes Township Zoning Administrator Use ONLY

Minimum Square Footage Approved: _____	Current Zoning District	Master Plan Designation of Property:	Zoning of Surrounding Parcels: North: _____ East: _____ South: _____ West: _____			
Required minimum setback from Property / R.O.W. lines are:	Front: ____ Side: ____ Rear: ____ from Dwelling: ____		Soil Erosion Permit Needed? Y ____ N ____			
Actual Setbacks will be:	Front: ____ Side: ____ Rear: ____ from Dwelling: ____		Driveway Permit Needed? Y ____ N ____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> Permit <input type="checkbox"/> Granted <input type="checkbox"/> Denied </td> <td style="width: 30%; vertical-align: top;"> By: _____ By: _____ </td> <td style="width: 30%; vertical-align: top;"> Date of Issue _____ Date of Denial _____ </td> </tr> </table>				Permit <input type="checkbox"/> Granted <input type="checkbox"/> Denied	By: _____ By: _____	Date of Issue _____ Date of Denial _____
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