

CHARTER TOWNSHIP OF HARING

515 Bell Avenue, Cadillac Michigan 49601
Phone: (231) 775-8822 or 920-2029; Fax: (231) 775-8830

ZONING PERMIT APPLICATION

Please Fill Out this form completely, sign at the bottom, and return with a \$25 application fee to the Haring Charter Township Zoning Administrator at the address above. Make checks payable to "Charter Township of Haring".

I. **APPLICANT INFORMATION:** Applicant Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: (____) _____ Mobile # (____) _____ Fax # (____) _____

hereby make application to the Haring Township Zoning Administrator under the provision of Section 702 of the Haring Township Zoning Ordinance #45, as amended, to locate a trailer or mobile home or to erect, or move a building on the premises described as:

II. **Property Tax ID Number(s)** (e.g., 2209-24-3302): _____ **Property Address (if any):** _____
Property Owners Name (if not applicant): _____ **Phone #:** (____) _____

III. **List all existing buildings on property**(i.e. dwelling, pole building, shed): _____

IV. **PROOF OF OWNERSHIP:** Deed Contract Lease (Proof of ownership may be needed to verify property ownership)

V. **HEALTH DEPARTMENT APPROVAL:** Well Permit #: _____ Septic Permit #: _____

VI. **PROPOSED USE:** _____ **BLDG. DIMENSIONS:** _____
TYPE OF STRUCTURE: _____

VII. **MANUFACTURED HOME INFORMATION:** Size: _____, Year: _____ (Must be 1978 or newer model)

VIII. PROPOSED BUILDING SETBACKS FROM LOT LINES:

FRONT: _____ ft.
REAR: _____ ft.
SIDE: _____ ft. and _____ ft.
BLDG. HEIGHT: _____ ft.

FOR OFFICIAL USE: (DIMENSIONAL REQUIREMENTS)

MIN. FRONT SETBACK: _____ ft. DISTRICT: _____
MIN. REAR SETBACK: _____ ft. USE: _____
MIN. SIDE SETBACK: _____ ft.
MAX BLDG. HEIGHT: _____ ft.
MIN. DWELLING SIZE: _____ sq. ft.

IX. SITE OR PLOT PLAN – MUST BE COMPLETED BY APPLICANT

INSTRUCTIONS: SHOW SHAPE & SIZE OF PROPERTY, ALL STREETS OR ROADS, DRIVEWAYS, PARKING AREA, ALL BUILDINGS NOW ON SITE, INCLUDING PROPOSED STRUCTURES. SHOW DISTANCE PROPOSED STRUCTURE WILL BE FROM ALL LOT LINES, ROAD R/W, LAKE OR STREAM AND NORTH ARROW. **Note:** The burden of proof of the exact location of all lot lines shall rest with the property owner.

FOR OFFICIAL USE:

Owner/Agent: _____

Signature signifies full knowledge of Requirements

Other: _____

APPROVED

DENIED

Zoning Administrator