

Colfax Township, Weldon Township & Village of Thompsonville Joint Planning Commission / Joint Zoning Ordinance

P.O. Box 115, Thompsonville, MI 49683 (231) 378-2377

ZONING PERMIT APPLICATION for a DWELLING and related accessory uses/structures.

This application must be completed in full and 3 copies submitted to the Zoning Administrator (see #13). All questions must be answered completely. If additional space is needed, number and attach additional sheets. Approval of this application is required before a Zoning Permit can be issued. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Zoning Permit, is a violation of the Joint Zoning Ordinance.

References to "Section" and "Article" refer to the Greater Thompsonville Area Joint Zoning Ordinance. They are provided to assist the applicant. The references highlight parts of the Ordinance that may be applicable but do not necessarily identify all parts that apply.

1) APPLICANT:

Name Street Address City / State / Zip Code Telephone #

2) Applicant's Interest in Property: Owner Lessee Buy Option Other/Specify:

3) Property Address: between and Roads

4) Landowner: Name, address & phone number of landowner if different than "Applicant":

12) This application is made for a:

(check all as appropriate)

New Addition or
Alteration

5): Property Tax #:

Single Family Dwelling (Sec. 18.6)

6) Zoning District:

Two-Family Dwelling

7) Property Acreage:

Temporary Dwelling (Sec. 18.7)

8) Existing Use:

Accessory Bldg./Garage (Sec. 18.8)

9) Is parcel in a: platted subd. condo. subd.
If "yes", subd. name:

Accessory Bldg./Pole Barn (Sec. 18.8)

Outdoor Swimming Pool (Sec. 18.16)

10) Deed restrictions on parcel: Yes No
If "yes", attach.

Other/Specify:

11) Names, addresses, phone #s of all other persons or entities having legal or equitable interest in the land:

13) Supporting Documents:

Plot Plan: Submit at least 3 copies of both this completed form and a Plot Plan prepared according to Sec. 3.4(B)1.

Proof of Property Ownership: Attach proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property.

Deed Restrictions: Attach a copy of all deed restrictions applicable to the property.

a)

b)

14) AFFIDAVIT: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Zoning Permit applied for, if granted, is issued on the representations made herein and that any Zoning Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

Applicant Signature(s) Date

Property Owner's(s) Signature(s)
(if different than applicant)

Date

FOR OFFICE USE ONLY

Application Number:

Property Tax #:

Date Received:

Zoning Administrator Action Taken (circle as appropriate)

Fee Paid Date Receipt #

Approved Approved with Conditions Denied

1)

on the following date: _____

2)

Notes: