
Estimated start date: _____

Estimated completion date: _____

Draw below (or attach a detailed diagram) giving the specific location of the building or structure as it will be located on the property – showing distance of setback from all property lines (of both any existing structures and any structures yet to be built), the name of the road it will be facing, any bodies of water (if applicable) and the location and size of any other buildings (together with the distance between any existing structures and any new structures to be erected.)

W N
 S E

The landowner(s) hereby certify the use for which this application is made and that the site plan will be followed as stated and shown. Landowner(s) also understand that it shall comply and conform to all of the requirements of the Stronach Township Zoning Ordinance and the Code for the State of Michigan. I acknowledge that I have read and reviewed the Stronach Township Zoning Ordinance and the State of Michigan Building Code. Failure to comply will render this permit null and void.

I grant any and all Stronach Township or State of Michigan officials to enter onto the premises (without prior notice) regarding any and all matters related hereto.

Signature of all land owners and any other persons or entities holding an ownership interest:

Signature

Printed Name:

Signature

Printed Name:

If there are more than two land owners, check here

ATTACH YOUR TWENTY FIVE DOLLAR (\$25.00) APPLICATION FEE TO THIS FORM, PAYABLE TO "STRONACH TOWNSHIP". IF THE FEE IS NOT INCLUDED OR THE INFORMATION REQUESTED IS NOT PROVIDED, YOUR APPLICATION WILL BE RETURNED TO YOU MARKED "INCOMPLETE" AND IT WILL NOT BE CONSIDERED BY ZONING.

BE SURE TO INCLUDE THE SPECIFIC LOCATION OF THE BUILDING OR STRUCTURE, SHOWING THE DISTANCE OF ANY SETBACKS FROM ALL PROPERTY LINES, EXISTING BUILDINGS OR STRUCTURES AND ANY ROADS THAT IT FACES. INCLUDE A COMPLETE SITE PLAN, ALONG WITH A DESIGN AND SIZE OF THE FINAL PROJECT. ALL ITEMS MUST BE INCLUDED IN THE DETAILED DIAGRAM OR ATTACHED ON SEPARATE SHEETS.

Call with questions or return completed application, attachments and appropriate fee to:

**Larry Thompson
Stronach Township Zoning Administrator
2332 Water Street
Manistee, MI 49660
231.723.4863
231.590.9967**

For more information, review the information contained in Section 14.01, including but not limited to the following:

*Stronach Township Zoning Ordinance
Article XIV
Section 14.01
"Land Use Permits"*

"No land shall be occupied or used, and no building or structure hereafter be erected, altered, or relocated, under the provisions of this ordinance until a permit authorizing the same shall be issued by the Zoning Administrator.

-
- A. The Zoning Administrator shall require that copies of plans, specifications and such other information as he may deem necessary shall be filed with the application for permit. Other information may be requested if necessary.*
-

[Do not write below this line -- to be completed by Zoning Administrator only]

Zoning Classification of above site: _____

Minimum land requirements: _____

Min. setback requirements: Front yard: _____ Side yard: _____ Back yard: _____

Other zoning requirements: _____

\$25.00 Permit fee paid at the time of making application? _____

APPROVED

Larry Thompson
Stronach Township Zoning Administrator

APPROVAL DATE: _____

THIS PERMIT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE.

ITEMS NEEDED FOR APPROVAL: _____

CONDITIONS OF APPROVAL: _____
(If there are no conditions, mark "none")

DENIED Reasons: _____

REQUEST FOR FINAL INSPECTION & APPROVAL

Instructions to Applicant:

WITHIN THIRTY (30) DAYS OF COMPLETING YOUR PROJECT, remove this page (6) from your permit application and mail it to: *Larry Thompson, Stronach Township Zoning Administrator, 2332 Water Street, Manistee, Michigan 49660.* The Zoning Administrator will then contact you to arrange a final inspection. If your project passes final inspection, the below "Certificate of Approval" will be issued to you and the township file on your matter will be closed. If, however, your project does not pass final inspection, your permit may be rescinded unless or until you come into compliance per the instructions of the Zoning Administrator. Your signature below confirms that your project was completed on the date indicated above.

Property Owner

Property Owner

Date of Project Completion: _____

Land Use Applicant's Name: _____

Land Use Property Address: _____

Phone Number: _____

TOWNSHIP USE ONLY - DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF APPROVAL

I, **LARRY THOMPSON, STRONACH TOWNSHIP ZONING ADMINISTRATOR,** ON THE _____ DAY OF _____, 20____, PERSONALLY INSPECTED THE PROPERTY LOCATED AT _____ AND FIND THAT THE SAME IS IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE LAND USE PERMIT ISSUED ON _____ TO _____.

LARRY THOMPSON
STRONACH TOWNSHIP ZONING ADMINISTRATOR