

Application # ZP _____

**CALEDONIA CHARTER TOWNSHIP
APPLICATION FOR ZONING PERMIT**

Applicant Information:

Name:					
Address:					
Telephone:		Fax:		E-mail:	

Ownership Interest of Applicant: ☐ Owner (Fee Simple) ☐ Land Contract ☐ Lease
☐ Purchase Agreement ☐ Agent for Owner

Current Zoning Classification: _____

Parcel Address if different from applicant address	
Tax Parcel Number(s):	
Proposed Use	

Projects involving development or redevelopment of a site require verification of access approval

	I have contacted the following agencies to make them aware of this project	
Entity	Yes	Does not apply
Shiawassee Co. Road Commission (if the project is adj. to a Twp Road)		
Michigan Department of Transportation (if the project adj. to State Highway)		

I certify that the information provided for this application is true and accurate, and further, agree to comply with the following:

- | | |
|---|---|
| <ul style="list-style-type: none">✓ This Zoning Ordinance✓ The State Construction Code✓ The Shiawassee County Drain Commission Standard Construction specifications for open and closed drains✓ The Caledonia Township Subdivision Control Ordinance and the State Land Division Act✓ The Shiawassee County Soil Erosion and Sedimentation Control Ordinance pursuant to P.A. 347 of 1972;✓ The Shiawassee County Health Department Sanitary Code and Michigan Public Health Code, Public Act 368 of 1978, as amended. | <ul style="list-style-type: none">✓ Farmland and Open Space Preservation Act 116 of 1975, as amended✓ The Flood Plain Control Act of 1929, as amended✓ Wetlands Protection Act 203 of 1979, as amended.✓ Inland Lakes and Streams Act 346 of 1972, as amended.✓ "Miss Dig Law", Act 53, as amended✓ Airport Zoning Act 23 of 1950, as amended.✓ All applicable Caledonia Township Ordinances and State, Federal or local laws, rules, or regulations. |
|---|---|

Applicant's Signature:	
Date:	

If the applicant is not the owner of the property, the owner's signature is required to confirm that they are aware that the application has been submitted and will permit the request to be considered.

Owner's Signature:	
Owner's Address:	
Date:	

SEE OTHER SIDE

ZONING PERMIT APPLICATION

APPLICATION INFORMATION

- ☐ Complete application must be RECEIVED BY THE ZONING ADMINISTRATOR at least 10 days prior to the issuance of the zoning permit. A complete application includes:
 - ☐ A completed and signed application form
 - ☐ The required fee
 - ☐ A complete plot plan, complying with the following requirements
 - Drawings may be on 8 ½ x 11 paper. Show the following:
 - The dimensions of the parcel.
 - All abutting streets, alleys or easements.
 - The size, position and height of all existing and proposed buildings or structures on the property, including their setback from lot lines and the proposed number of sleeping rooms, dwelling units, occupants, employees, customers, and other users
 - Any change to the contour of the parcel involved.
 - ☐ In the case of a permit for a dwelling or other building intended for human occupancy and having waste water plumbing, a written report from the Shiawassee County Health Department certifying, in writing, the approval of a private sanitary sewage disposal system, or when public sanitary sewage service is available or required by local ordinance, a written notice of acceptance of hookup or a tap-in fee receipt shall be required.
 - ☐ When a new or rehabilitated driveway is intended, a receipt of application for a driveway permit from the Shiawassee County Road Commission shall be required.

ANY PERMIT ISSUED SHALL BECOME INVALID IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS AFTER THE TIME OF COMMENCING THE WORK UNLESS THE DEVELOPMENT PROPOSED SHALL HAVE PASSED ITS FIRST BUILDING INSPECTION. A ZONING PERMIT WHICH IS NOT COMPLETED WITHIN A PERIOD OF TWO (2) YEARS FROM THE DATE OF APPROVAL SHALL EXPIRE.

FEES

Zoning Permit Application\$ 50.00

APPLICATION W/FEE MAY BE MAIL OR HAND DELIVERED TO:

Caledonia Planning & Zoning Department
135 N State Road
Owosso, Michigan
48867
PHONE (586) 280-9915
E-MAIL bjonas@rowepsc.com

TO BE FILLED OUT BY ZONING OFFICIAL

Date Complete Application Received:		Fee Paid:	
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:		
Zoning Official's Signature:			
Reasons for Denial or Conditions of Approval:			