

# Zoning Compliance Permit

Permit # \_\_\_\_\_

<p><b>Check all that apply</b></p> <p><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/> New Dwelling Construction</p> <p><input type="checkbox"/> Alteration</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Accessory Building (not to be used as a dwelling)</p> <p><input type="checkbox"/> Deck</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Swimming Pool/Hot Tub</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Conforming Lot?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Conforming Structure?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Waterfront Lot?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Application Fee **\$75.00**

Cash

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

**Permit fees double (\$150.00) if work is started before permit is approved.**

**Zoning Permits expire 1 year after date of approval**

<b>Parcel ID Number:</b> _____			<b>Builder Name:</b> _____		
			Phone: _____		
<b>Property Owner(s) Name:</b> _____			<b>Applicant(s) Name:</b> _____		
Mailing Address: _____			Mailing Address: _____		
City: _____	State: _____	ZIP: _____	City: _____	State: _____	ZIP: _____
Phone: _____			Phone: _____		
<b>Location of Property:</b>			<b>Proposed Building Information:</b>		
Address _____			<b>Building Dimensions:</b>		
on the <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W			W _____	L _____	H _____ # Stories _____
side of _____ road			Building size: _____ Sq. Ft		
Between _____ & _____ roads			Minimum Square Footage Required: _____ Sq. Ft		
<b>All used manufactured housing/mobile homes are subject to inspection prior to installation.</b>			<b>Square Foot Breakdown:</b>		
			1 <sup>st</sup> fl. _____	2 <sup>nd</sup> fl. _____	Garage _____
<p><b>This <i>Application</i> must be signed by the property owner(s).</b></p> <p>In lieu of a signature on this <i>Application</i>, the owner may provide a letter authorizing the applicant to act on his/her behalf.</p> <p><b>This application will not be processed until authorized by the property owner.</b></p>					
<p>I hereby attest that the information on this <i>Application</i> 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>					
_____			_____		
<b>Applicant Signature</b>			<b>Date</b>		
<b>Permission to Enter</b>					
<p>I hereby grant permission for the Hayes Township Zoning Administrator or duly appointed representative to enter the above described property solely for the purpose of ensuring compliance with the requirements of the Hayes Township Zoning Ordinance as related to this Application.</p>					
_____			_____		
<b>Owner Signature</b>			<b>Date</b>		



**Permit #**

**Property Sketch Required.**

Show sufficient detail including property lines, streets or roads, proposed buildings, fences, decks, additions, and/or accessory buildings with **setbacks** from other structures, property lines and road right-of-ways.

**For Hayes Township Zoning Administrator Use ONLY**

<b>Minimum Square Footage Approved:</b>	<b>Current Zoning District</b>	<b>Master Plan Designation of Property:</b>	<b>Zoning of Surrounding Parcels:</b>
			North: _____
<b>Required minimum setback from Property / R.O.W. lines are:</b>	Front: _____ Side: _____ Rear: _____ from Dwelling: _____		East: _____
<b>Actual Setbacks will be:</b>	Front: _____ Side: _____ Rear: _____ from Dwelling: _____		South: _____
			West: _____

<b>Project</b> <input type="checkbox"/> Granted	By: _____	Date of Issue    _____
<input type="checkbox"/> Denied	By: _____	Date of Denial    _____

_____ <b>Zoning Administrator, Township of Hayes</b>	_____ <b>Date</b>
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