

WEST BRANCH TOWNSHIP
1016 County Road 545 North, P.O. Box 56
Skandia, MI 49885
Phone: 906-942-7400 Fax: 906-942-7300

Zoning Administrator : Michael Beltz
Phone: 906-942-7775
Cell: 906-250-9458

Permit # _____
Fee: \$ 50.00
Check # _____
Date Paid _____

Authorization of this permit does not guarantee access to this property.
A street number may need to be issued prior to building on this property

APPLICATION FOR ZONING COMPLIANCE PERMIT

I. APPLICANT:

I, _____ make the following statement for:
(Owner/Builder)

Location of proposed improvement

Property Owner's Mailing Address

(Owner)

(Address)

(City, State, ZIP)

(Phone)

(Owner)

(Address)

(City, State, ZIP)

(Phone)

II. LEGAL DESCRIPTION:

Parcel Code/Tax I.D. # 52-19- _____ Section _____ T46 N – R 24 W.

III. PROPOSED CONSTRUCTION

1. Single Family Dwelling

Indicate Size of Building: _____
Story Height: _____
Basement or Crawl: _____

5. Other

Specify the Proposed Use: _____
Indicate Size of Building: _____

2. Addition to Dwelling

Indicate Size of Addition: _____
Propose Use of Addition: _____
Story Height/ Foundation: _____

6. Commercial *

Indicate Proposed Use: _____
Indicate Size of Building: _____
* (Site plan is required)

3. Mobile Home or Sectional Home

Indicate Size of Building: _____
Foundation: _____

7. Sign

On Premise: _____
Temporary: _____
Size: _____
Message: _____
Off Premise: _____

4. Garage (Personal Auto Storage)

Indicate Size of Garage: _____
Indicate Height at Peak: _____
Is this a Pole Building? _____ Yes _____ No

LOT DIAGRAM

Draw a diagram of the lot on which the building is to be constructed, showing the size of the building and where it is located on the lot. Also show the distance from the building from the building to the front, side, and rear lot lines. Show buildings presently on the property.



I, hereby certify that the owner of record authorizes this application. I further certify that the proposed plans, as shown, are accurate to the best of my knowledge. The applicant shall further agree that: Neither he nor his successor will sell, convey, or otherwise dispose of any land surrounding a structure if such transaction will rest in the structure being left on a lot which fails to meet the minimum requirements set forth in the township zoning ordinance and allows appropriate township officials to access the site for purposes of checking the zoning requirements.

X _____
(Date)

X _____
(Owner or Owner's Agent Signature)

OFFICE USE ONLY _____ # _____

- 1. _____ DISAPPROVED
- 2. _____ APPROVED
- 3. REMARKS: _____

- 4. PROPERTY ADDRESS: _____

- 1. _____ FLOOD HAZARD AREA
(DNR PERMIT REQUIRED)
- 2. _____ HIGH RISK EROSION
(DNR PERMIT REQUIRED)
- 3. _____ WATER SETBACK
- 4. _____ LOT SIZE
- 5. _____ SETBACKS OKAY
- 6. _____ VARIANCE GRANTED
- 7. _____ COND. USE GRANTED
- 8. _____ OTHER

SIGNED: _____

DATE: _____