

Pentwater Township
327 Hancock Street, P.O. Box 512, Pentwater, Michigan 49449
Phone (231) 869-6231 Fax (231) 869-4340

Website: www.pentwatertwp.org.

Email: zoningadministrator@pentwatertwp.org

APPLICATION FOR ZONING PERMIT

Date Application Received _____ Application Fee \$ _____ .00

Date Application Prepared _____ Receipt No. _____

Property Location Information

Parcel ID: 64-001- _____ Property Address _____

Property Location _____

Section No. _____ Subdivision Name _____

Applicant Information

Applicant (mark one):

Contractor _____ Property Owner _____ Other _____

(applicant)

(address)

(city, state, zip code)

(telephone, home, cell and/or business)

(email address)

Property owner's name and address (if not the applicant)

Phone (_____) _____ - _____

Land Use and Zoning Information

Proposed Land Use (i.e. Single or Multiple Family Residential, Commercial or Industrial)

Zoning Map Classification of Property: _____

Lot Area: _____ sq. ft. or acres. Lot width: _____ ft. Waterfront? Yes____ No____

Size(s) and Type(s) of building, addition, accessory building, deck, fence or other structure,

Minimum setbacks (Minimum 8 1/2 x 11 inch Plot Plan or Sketch Required):

(Setbacks are measured from lot lines to the drip edge of the building)

Waterfront Setback Required = _____ft. Proposed = _____ ft.

Front Setback: Required = _____ft. Proposed = _____ft.

Corner Lot? Yes _____ No _____ Side Street Front Setback: Req. = _____ft. Prop. = _____ft.

Side Setback Required = (N or E) _____ ft. _____ Proposed = _____ ft.

Side Setback Required = (S or W) _____ ft. _____ Proposed = _____ ft.

Rear Setback: Required = _____ft. Proposed = _____ft.

Other Zoning Requirements:

Percent (%) Lot Coverage (Impervious Surface): Existing = _____% Proposed = _____%

Principal Building Area Required = _____ sq. ft. Proposed = _____ sq. ft.

Principal Building Height: Allowed = _____ ft. from grade to peak. Proposed = _____ ft. from grade to peak.

Acc. Building Area: Allowed = _____ sq. ft. Proposed = _____ sq. ft.

Acc. Building Height: Allowed = _____ ft. from grade to peak. Proposed = _____ ft. from grade to peak.

Zoning Variance Required? Yes_____ No_____

I Attest that the above information is true, to the best of my knowledge:

Applicant's Signature _____

Date: _____

Miscellaneous

Check all attached information:

- _____ Plot Plan or Sketch of property and setbacks. Survey (if available).
- _____ Building Elevation Drawings.
- _____ Critical Dune Area, High-Risk Erosion Area or Wetlands? Yes _____ No _____
- _____ MDEQ, MDNR or USAC Permit Required? Yes _____ No _____
- _____ Septic System – Requires DHD #10 Approval
- _____ Sanitary Sewer? – Requires Pentwater Village Manager Approval
- _____ Well – Requires DHD #10 Approval
- _____ Municipal Water? – Requires Pentwater Village Manager Approval
- _____ Soil Erosion Permit May be Required from Oceana County Drain Commissioner's Office

Date of Zoning Board of Appeals (ZBA) Meeting/Hearing _____

ZBA Decision _____

Authorization for On-Site Inspection

By signing below, the Applicant and/or Property Owner authorize Pentwater Township Staff, Elected or Appointed Officials permission to enter the property for the purposes of investigating any question that they may have relative to this Zoning Permit Application.

Applicant _____ Date: _____

Property Owner _____ Date: _____

Zoning Permit Approval

Zoning Permit No. _____ **Date:** _____ **Expiration Date:** _____

Signed: _____
Zoning Administrator