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

1.	APPLICANT:	make the following statement for:		
Owner/Builder) ocation of proposed improvement		Property Owner's Mailing Address		
(Owner)		(Owner)		
(Address)		(Address)		
(City, State, ZIP)		(City, State, ZIP)		
	(Phone)	(Phone)		
11.	LEGAL DESCRIPTION:			
Parce	I Code/Tax I.D. # 52-19-	Section T46 N - R 24 W		
111.	PROPOSED CONSTRUCTION			
Ind Sto	ngle Family Dwelling dicate Size of Building: ory Height:	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)		
Ind	obile Home or Sectional Home dicate Size of Building:	7. Sign On Premise:		
4. Garage (Personal Auto Storage) Indicate Size of Garage: Indicate Height at Peak: Is this a Pole Building? Yes No		Size:		

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)	(Owner or Owner's Agent Signature)		
OFFICE USE ONLY	##		
1	DISAPPROVED	1	_ FLOOD HAZARD AREA
2.	APPROVED		(DNR PERMIT REQUIRED)
3. REMARKS:		2	HIGH RISK EROSION (DNR PERMIT REQUIRED)
		3	_ WATER SETBACK
4 PROPERTY ADDRES	:	4	_ LOT SIZE
		5	_ SETBACKS OKAY
	-	6	VARIANCE GRANTED
		7.	COND. USE GRANTED
		8	OTHER .
SIGNED:		DATE:	