

APPLICATION FOR ZONING ACTION

LITTLE TRAVERSE TOWNSHIP

8288 Pleasantview Road

Harbor Springs, MI 49740

PHONE: (231) 526-0351 FAX: (231) 526-0352

Date Received _____

Assigned Case # _____

Applicants Name _____ Phone _____

Applicants Address _____ email _____

Owner Name (if other than applicant) _____ Phone: _____

Owner Address _____

JOB SITE LOCATION:

Nearest Intersection: _____

Tax parcel # 24-08-16- _____

Property Address: _____

Zoning District: _____

<u>FEE</u>	<u>DATE PAID</u>
\$ _____	_____
PLEASE MAKE CHECKS PAYABLE TO LITTLE TRAVERSE TOWNSHIP	

ZONING REQUEST:

Zoning Permit

Planning Commission

Board of Appeals

Describe Request:

Special Use Permit

Variance

Site Plan Review

Expand Nonconforming Use

Subdivision Open Space Plan

Interpretation

Zoning Map Change

Administrative Appeal

Zoning Text Change

Other

Designer _____

Contractor _____

COMPLETE DESCRIPTION OF REQUEST:

Site/Plot Plan is required showing property dimensions, all setbacks, streets, and buildings. Refer to Article XV, Section 1502 & 1508 of the Zoning Ordinance.

As owner and/or applicant representing the owner, I authorize Little Traverse Township (staff, appointed board, and/or commissioners, or committee members) to enter upon the subject property for purposes of making inspections related to the project or request identified in this application. If authorized, such inspections or site walks shall be conducted at reasonable hours and times. I certify that all the above information is accurate to my fullest knowledge:

X _____
Signature of Applicant

Date

{note: THE APPLICANT OR REPRESENTATIVE MUST ATTEND THE HEARING IN ORDER FOR THE CASE TO BE HEARD}

For a zoning permit, special use permit, site plan review, or variance, complete the following:

Use of proposed structure: _____

Dimensions: _____

New Construction:____; **Reconstruction:**____; **Addition:**____; **Demolition:**____; **Other:**____

Height of proposed structure:____; **# stories:**____;

Structure: Width:____; **Length:**____ **Lot Size:**_____

Setbacks: Front:____; **Rear:**____; **Sides:**____ **and** _____

BOX BELOW FOR OFFICE USE ONLY:

Requirements for Special Use Permits, PUD's and Site Plans:

	Date submitted		Date submitted
Required Map (sec. 1508)	_____	Site Inventory	_____
Engineered Drainage Plan	_____	Fire Dept. Approval	_____
Soil Erosion permit	_____	Wetlands permit	_____
Topographic Maps	_____	Soil Borings	_____
Impact Statement	_____	Site Grading Plans	_____
Fence or Screening Plan	_____	Landscape Plan	_____
Improvement Guarantees	_____	Parking Plan	_____
Health Dept. approval	_____	Road Commission	_____
Sewer Taps	_____	MDOT approval	_____

RECORD OF TOWNSHIP ACTION:

DATE APPROVED: _____ DATE DENIED: _____

COMMENTS: _____

AUTHORIZED BY: _____ DATE: _____

Site and Building Inspections: Necessary _____ Not Necessary _____

Date _____ Final Comments and/or disposition _____
