

Permit No. _____

CLEVELAND TOWNSHIP LAND USE PERMIT APPLICATION
AND SUPPORTING DOCUMENTATION

Parcel Owner: _____

Parcel Address: _____

Owner Telephone Number: _____

Owner Address: _____

Parcel Tax ID Number: 45-003- _____

Contractor Name and Telephone Number: _____

Health Department Permit Number and Date of Issue: _____

Driveway Permit Number and Date of Issue: _____

Soil Erosion Permit Number and Date of Issue: _____

Michigan Dept. of EGLE Flood Zone: YES _____ NO _____ Comments _____

Type of Use: Residential _____ Agricultural _____ Business _____ Other: _____

Zone District: _____

Project Description: (please list each structure separately- i.e. house, garage, decks, porches etc. and their dimensions).

Please note: All outdoor lighting fixtures must be shielded or *Dark Sky Friendly* designed, in order to minimize nighttime light pollution (per Ordinance).

Calculations related to the parcel, existing and proposed structures.

_____ Area of the parcel (in square feet).
_____ Total square footage of existing building footprint(s).
*Including roof overhangs, garages, accessory structures, porches, decks
patios, etc.*
_____ Calculated square footage of proposed building/structure footprint.
_____ % of lot coverage (*total square footage of proposed and existing
footprints divided by total square footage*).

Proposed setbacks: Road _____ Water _____ Side-1 _____ Side-2 _____ Side-3 _____

All setbacks should be measured from the edge of any overhangs, decks, stairs, porches, patios, etc. to the nearest points of the adjacent property lines, body of water or stream.

Does the driveway have at least 16 feet of width and 14 feet of height clearance? _____

Are there deed restrictions on the parcel? _____

Have any variances been granted for this parcel? _____

Is this parcel located within 500 feet of a lake, stream, creek or wetlands? _____

Are the parcels dimensions the same as they were on October 14, 1973? _____

Permit fee (please check one): New home: \$100. _____ Other Construction: \$75. _____

Please include with the application:

Check made out to Cleveland Township for the above fee.

Health Department Permit, if applicable. 231-256-0201

Soil Erosion and EGLE permits if applicable. 231-256-9783

Driveway Permit if applicable. Include letter stating a permit is not required per Leelanau County Road Commission. 231-271-3993

Documentation of Ownership (recorded deed or land contract). If building on a non-conforming parcel please provide a legal description or survey of parcel and date.

Front and side elevations of your project. Do not submit complete building plans.

A site plan with parcel dimensions, new and existing structure dimensions, setbacks clearly marked from new and existing structures to the property lines, nearest road, and a North directional arrow.

All mailed documents must be submitted in an 8.5" x 11" format.

Applications can be sent to Zoningct@gmail.com or mail to: 1166 East Narlock Rd, Cedar, MI 49621. All fees are payable by check only, made out to: **Cleveland Township** and mailed to: **1166 East Narlock Rd, Cedar, MI 49621**. No permit will be issued until payment is received.

Permit expires two years after date of issuance.

By signing this application I agree that such work will conform to the Zoning and other Ordinances of Cleveland Township and that said Township shall not be liable for any damages resulting therefrom. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true and accurate and in compliance with the Cleveland Township Zoning Ordinance. I also agree to allow a representative of Cleveland Township to enter upon said property in order to inspect the proposed project.

Signature (applicant): _____ Date: _____

Print Name (applicant): _____

Office use only:

Remarks: _____

Application approved and date: _____

Scott Sheehan, Cleveland Township Zoning Administrator: _____

PERMIT NUMBER: _____