

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](mailto:zoningct@gmail.com) or mail to: PO Box 150, Cedar, MI 49621. All fees are payable by check only, made out to: **Cleveland Township** and mailed to: **PO Box 150, 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): \_\_\_\_\_

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Office use only:

Remarks: \_\_\_\_\_

\_\_\_\_\_

Application approved and date: \_\_\_\_\_

Scott Sheehan, Cleveland Township Zoning Administrator: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_