

MILTON TOWNSHIP

Permit # ZP 2023-_____

APPLICATION FOR ZONING PERMIT

P.O. Box 309, 7023 Cherry Avenue, Kewadin, MI 49648
(231) 264-6697 / fax: (231) 264-6728

Jackie Petersen – Zoning Administrator

miltonzoning@gmail.com

Parcel #: 05-12-_____

Property Address: _____

Are there structures currently on property? Yes ☐ No ☐ If so, what? _____

Within 500 feet of a Lake, River, or Stream? Yes ☐ No ☐

Waterfront: Torch Lake ☐ GT Bay ☐ Elk Lake ☐ Skegemog ☐ None ☐

Zoning District: R1 ☐ Ag/Res ☐ R3 ☐ Village ☐ Mfg. ☐ Enviro ☐ Agricultural ☐

Project Information:

☐ New Home ☐ Garage ☐ Acc. Bldg. ☐ Addition ☐ Deck ☐ other

Description/Intention:

Lot: width: _____ depth: _____ area: _____ Width thru bldg. core: _____

Setbacks from Prop. Line: front: _____ rear: _____ left: _____ right: _____

Structure width: _____ **depth:** _____ **height:** _____

Foundation: Full Basement ☐ Partial Basement ☐ Crawl ☐ Slab ☐

APPLICANT INFORMATION

Owner Name: _____ **Phone:** _____

Mailing Address: _____ **Email:** _____

Contractor: _____ **Phone:** _____

Mailing Address: _____ **Email:** _____

Application must be submitted with an 8 1/2 x 11 Site Plan site plan drawing, showing the actual lines, angles and dimensions of the lot to be built upon or used, and the exact size and location on the lot of all existing and proposed structures and uses, together with specifications, property boundaries and easements. A survey may be required. Construction will agree with permit, plan, and township zoning ordinance, and will comply with local, state, and federal laws. Owner and applicant agree to halt construction if conflict arises. Permit expires in 12 months if work not started and 18 months from date of issuance. If extension is needed contact zoning administrator. Setbacks are measured from farthest protrusion of structure such as eaves or balconies, but not gutters. Permission granted to Zoning Administrator to access property.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby certify that this application complies with all provisions of the Milton Township Zoning Ordinance and other applicable laws and requirements.

Applicant/Agent: _____

Date: _____

OFFICE USE ONLY

Approved: ☐ **Denied:** ☐ **Fee Paid:** _____ **Permit#:** _____

Zoning Administrator: _____ **Date:** _____

COMMENTS: _____

***Setbacks are measured to the eaves/overhangs, not the foundation**