

# Colfax Township, Weldon Township & Village of Thompsonville Joint Planning Commission / Joint Zoning Ordinance

P.O. Box 115, Thompsonville, MI 49683 (231) 378-2377

## ZONING PERMIT APPLICATION for a DWELLING and related accessory uses/structures.

This application must be completed in full and 3 copies submitted to the Zoning Administrator (see #13). All questions must be answered completely. If additional space is needed, number and attach additional sheets. Approval of this application is required before a Zoning Permit can be issued. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Zoning Permit, is a violation of the Joint Zoning Ordinance.

References to "Section" and "Article" refer to the Greater Thompsonville Area Joint Zoning Ordinance. They are provided to assist the applicant. The references highlight parts of the Ordinance that may be applicable but do not necessarily identify all parts that apply.

**1) APPLICANT:**

Name	Street Address	City / State / Zip Code	Telephone #
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**2) Applicant's Interest in Property:**     Owner     Lessee     Buy Option     Other/Specify:

**3) Property Address:** \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ Roads

**4) Landowner:** Name, address & phone number of landowner if different than "Applicant":

**12) This application is made for a:**

(check all as appropriate)

	New	Addition or Alteration
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**5): Property Tax #:**

Single Family Dwelling (Sec. 18.6)

<input type="checkbox"/>	<input type="checkbox"/>
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**6) Zoning District:**

Two-Family Dwelling

<input type="checkbox"/>	<input type="checkbox"/>
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**7) Property Acreage:**

Temporary Dwelling (Sec. 18.7)

<input type="checkbox"/>	<input type="checkbox"/>
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**8) Existing Use:**

Accessory Bldg./Garage (Sec. 18.8)

<input type="checkbox"/>	<input type="checkbox"/>
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**9) Is parcel in a:**     platted subd.     condo. subd.  
If "yes", subd. name:

Accessory Bldg./Pole Barn (Sec. 18.8)

<input type="checkbox"/>	<input type="checkbox"/>
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Outdoor Swimming Pool (Sec. 18.16)

<input type="checkbox"/>	<input type="checkbox"/>
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**10) Deed restrictions on parcel:**     Yes     No  
If "yes", attach.

Other/Specify:

<input type="checkbox"/>	<input type="checkbox"/>
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**11) Names, addresses, phone #s** of all other persons or entities having legal or equitable interest in the land:

**13) Supporting Documents:**

Plot Plan: Submit at least 3 copies of both this completed form and a Plot Plan prepared according to Sec. 3.4(B)1.

Proof of Property Ownership: Attach proof of ownership of the property such as a warranty deed, land contract or other evidence of interest in the property.

Deed Restrictions: Attach a copy of all deed restrictions applicable to the property.

a)

b)

**14) AFFIDAVIT:** I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Zoning Permit applied for, if granted, is issued on the representations made herein and that any Zoning Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

Applicant Signature(s)    Date

Property Owner's(s) Signature(s)  
(if different than applicant)

Date

**FOR OFFICE USE ONLY**

**Application Number:**

**Date Received:**

<b>Fee Paid</b>	<b>Date</b>	<b>Receipt #</b>
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1)

2)

**Property Tax #:**

**Zoning Administrator Action Taken** (circle as appropriate)

Approved	Approved with Conditions	Denied
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on the following date: \_\_\_\_\_

**Notes:**