

MILLS TOWNSHIP
3480 E. Shearer Road
Midland, Michigan 48642
(989) 689-4668

Zoning Permit Application

APPLICATION FOR ZONING APPROVAL

TO: Mills Township

Date Received: _____

BY: _____
Name of Applicant

Tax Parcel No.: _____

Action: _____

Date: _____

Expiration Date: _____

Address of Applicant

City, State, ZIP Code

Phone

PLEASE NOTE: All questions must be answered completely. If additional space is needed, number and attach additional sheets.

I. ACTION REQUESTED:

It is hereby requested that the Mills Township approve a zoning permit for the Property identified below.

II. PROPERTY INFORMATION

A. Address of Property: _____

B. Tax Parcel No.: _____

C. Attach a site plan for the Property showing the use requested. The site plan should show, at a minimum, the following information:

1. The location and dimensions of all boundaries of the Property;
2. The location and dimensions of each existing structure on the Property and the location and dimension of each structure proposed to be constructed on the Property;
3. The distance of each such structure from the boundary lines of the Property;
4. The location and dimensions of all driveways and parking facilities located on the Property;

5. The name and location of all public roads adjacent to the Property; and
6. If there are no public roads adjacent to the Property, the proposed access from the Property to the nearest public road.

The Applicant is encouraged to obtain a survey of the Property in order to verify the location of structures and boundary lines and to attach a copy of the survey to this Application.

- D. List all persons or business entities having an ownership interest in the Property, including their full name and address:

- E. Present use of Property: _____

- F. Proposed use of Property: _____

- G. The Property is located in the _____ Zoning District.

- H. Estimated Start Date of Construction if Approved: _____

- I. Estimated Completion Date of Construction or Operations: _____

- J. Proposed Hours of Operation or Construction: _____

III. CONDITIONS

Applicant agrees and acknowledges that the application may be approved subject to conditions necessary to enforce the Zoning Ordinance, protect natural resources, and to protect the health, safety, and welfare, as well as the social and economic well-being, of the applicant, adjacent property owners, and the community as a whole. All such conditions shall be specified in writing upon issuance of a decision approving the Zoning Permit.

IV. NO WAIVER OF ENFORCEMENT

By executing below, the undersigned acknowledges that the Township is relying on the information provided in this Application to determine whether to grant the requested zoning permit. The Applicant understands and acknowledges that the Township is not required to independently verify the representations regarding the property made in this application, including the location of boundary lines and compliance with required setbacks. Approval of this Application does not constitute a waiver of enforcement action

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if the actual condition, characteristics, boundaries, or dimensions of the Property are later determined to be different from what is represented in this Application.

V. AFFIDAVIT

By executing below, the undersigned applicant hereby represents and warrants that he or she is the Owner of the Property, or that he or she is the authorized agent of the Owner and that he or she can produce written documentation of such authorization upon demand by the Township. Applicant further represents that warrants that he or she has read this application in full and that the statements contained herein are true and correct to the best of his or her knowledge and belief.

Date

Applicant Signature

Print Applicant Name

Date

Zoning Approval Signature

Print Zoning Approval Name

Zoning Approval Contacts: Ron Kutchey 989 832 3500
Amy Hoover 989 513 7412
Alan Wendt 989 689 4403

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