

Instruction sheet for land use permit

Box number 1

Location

Enter house number and road
(example: 0000 T Dr South)

Zoning district

(example: Section 22, Residential)

Between

(example: 211/2 and 22 Mile Rd)

Parcel number

This number can be found
on your property tax paper
under property information

Box number 2

Part 1: Enter all information,
Part 2 and 3: if no contractor or architect
is used and you will be doing work
yourself enter NA on the first line,

★ in this area put your signature
and address to certify the work will be
done by Owner,
enter date of application.

Box number 3

A, type of improvement, circle what applies

B, Ownership: check box Private or Public

C, Cost of improvement: if this is an out
building or deck with no Elec, Plumbing,
Heating, enter Na in the box.

Part D Proposed use

Residential: Check box that applies,
if storage building or deck check
other and explain.

Nonresidential: check box that applies,
if none applies check other and explain.

Return completed form to,
Randy Shank
(Zoning Administrator)

Phone (269) 967-3964 for an appointment

Permit # **Clarendon Township Land Use Permit** Fee: \$30.00

IMPORTANT: This project may require additional building, mechanical, electrical, or plumbing permits. Land Use Permit must be approved prior to project start date. Failure to obtain required Land Use Permit may result in a \$100.00 late fee. Failure to respond to notice of late fee within 10 business days may result in additional \$100.00 failure to respond fee. The Property Owner must make every effort to resolve corresponding delinquency by contacting Clarendon Township's Zoning Administrator. All fees are payable to Clarendon Township. Please contact SAFEbuilt prior to starting any work on site at (269)728-9244. Return permits with applicable fee to: Randy Shank, Zoning Admin: 800 19 Mile Rd., Tekonsha, MI 48092; (269) 967-3964

This Land Use Permit expires one year from date of issue

IMPORTANT: APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1 - 4

1. LOCATION OF BUILDING (All Applicants Complete This Section)

AT (LOCATION) ZONING DISTRICT

CITY: COUNTY:

BETWEEN: AND:

(CROSS STREET) (CROSS STREET)

PARCEL #: (THIS IS ON YOUR TAX BILL)

LIGHTHOUSE VILLAGE LOT #

2. Identification - (To be completed by all applicants)

1. Owner or Lessee: Mailing Address:
City: State: Zip: Telephone #:

2. Contractor Mailing Address:
City: State: Zip: Telephone #
Builders License #

3. Architect or Engineer: Mailing address:
City: State: Zip: Telephone #:

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 and agree to conform to all laws of this jurisdiction.

Signature of Applicant: Address:

Application Date: ★

3. TYPE AND COST OF BUILDING: (All Applicants Complete Parts A - D)

A. TYPE OF IMPROVEMENT:

New Building Addition (if residential, enter number of new housing units added, if any, in part D.)
Alteration (see addition above) Repair, replacement Moving (relocation) Foundation only
Wrecking (If multifamily residential, enter number of units in building in part D)

B. Ownership:

Private (individual, corporation, nonprofit, etc.) Public (Federal, State, or local government)

C. Cost of improvement: (Even Dollars)

Electrical \$

Plumbing \$

Heating, Air conditioning \$

Other, (elevator, etc.) \$

Total cost of improvement \$

Continue with Part D on next page

D. Proposed use - (for "wrecking" most recent use)

RESIDENTIAL: one family two or more - enter number of units () garage: carport:
 transient hotel, motel, or dormitory, number of units () other - specify

NONRESIDENTIAL: amusement, recreational: church, other religious: industrial: parking garage
Service station, repair garage: Hospital, institutional: Office, bank, professional: public utility
school, library, other educational: stores, mercantile: Tanks, towers: agricultural (not building)
barn/storage bin /machinery cover etc.) other, specify

Nonresidential: Describe in detail the proposed use of buildings, i.e., food processing, machine shop, laundry building at
Hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office
building, office building at industrial plant. If use of an existing building is being changed, enter proposed use.

4. Selected characteristics of building: (For new building and additions complete parts E - M)
(For wrecking, complete only part J.)

[E] PRINCIPAL TYPE OF FRAME:
 Mason nary (wall bearing) Wood frame Structural steel Reinforced concrete
 Other specify

[F] PRINCIPAL TYPE OF HEATING FUEL:
 Gas Oil Electricity Coal Bio Mass Other specify

[G] TYPE OF SEWAGE DISPOSAL:
 Public or private company Private, (septic tank, etc.)

[H] TYPE OF WATER SUPPLY:
 Public or private company Private (well, cistern)

[I] TYPE OF MECHANICAL:
Will there be central air conditioning: Yes No Will there be an elevator Yes No

[J] DIMENSIONS: (based on exterior dimensions)
Number of stories: Total square feet of floor area, all floors: Total land area sq. ft.

[K] Number of off-street parking spaces: Enclosed Outdoors

[L] Residential buildings only: Number of bedrooms: Number of baths: Full Parcel

[M] On back, or attached to this sheet, please show a drawing of the proposed change(s)

ZONING ADMINISTRATOR'S NOTES - FOR OFFICE USE ONLY (DO NOT WRITE THIS AREA)

Use: Front Yard

Side Yard: Side Yard: Rear Yard:

Notes:

Zoning Admin. Signature: Date:

Rev. 4-2019

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1. LOCATION OF BUILDING (All Applicants Complete This Section)

AT (LOCATION) _____ ZONING DISTRICT _____

CITY: _____ COUNTY: _____

BETWEEN: _____ AND: _____
(CROSS STREET) (CROSS STREET)

PARCEL #: _____ (THIS IS ON YOUR TAX BILL)

LIGHTHOUSE VILLAGE LOT # _____

2. Identification - (To be completed by all applicants)

1. Owner or Lessee: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Telephone #: _____

2. Contractor _____ Mailing Address: _____
City: _____ State: _____ Zip _____ Telephone # _____
Builders License # _____

3. Architect or Engineer: _____ Mailing address: _____
City: _____ State: _____ Zip: _____ Telephone #: _____

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 and agree to conform to all laws of this jurisdiction.

Signature of Applicant _____ Address _____

Application Date

3. TYPE AND COST OF BUILDING: (All Applicants Complete Parts A - D)

A. TYPE OF IMPROVEMENT:

New Building Addition (if residential, enter number of new housing units added, if any, in part D,)

Alteration (see addition above) Repair, replacement Moving (relocation) Foundation only

Wrecking (if multifamily residential, enter number of units in building in part D)

B. Ownership:

Private (individual, corporation, nonprofit, etc.) Public (Federal, State, or local government)

C. Cost of improvement : (Even Dollars)

Electrical _____ \$ _____

Plumbing _____ \$ _____

Heating, Air conditioning _____ \$ _____

Other, (elevator, etc.) _____ \$ _____

Total cost of improvement _____ \$ _____

Continue with Part D on Next Page

D. Proposed use - (for "wrecking" most recent use):

RESIDENTIAL: one family two or more - enter number of units(____) garage: carport:
 transient hotel, motel, or dormitory, number of units(____) other - specify _____

NONRESIDENTIAL: amusement, recreational: church, other religious: industrial: parking garage
Service station, repair garage: Hospital, institutional: Office, bank, professional: public utility
school, library, other educational: stores, mercantile: Tanks, towers: agricultural (out building/
barn/storage bin /machinery cover etc.) other, specify _____

Nonresidential: Describe in detail the proposed use of buildings, i.e., food processing, machine shop, laundry building at
Hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office
building, office building at industrial plant. If use of an existing building is being changed, enter proposed use.

**4. Selected characteristics of building; (For new building and additions complete parts E - M)
(For wrecking, complete only part J,)**

[E] PRINCIPAL TYPE OF FRAME:

Mason nary (wall bearing) Wood frame Structural steel Reinforced concrete
 Other specify _____

[F] PRINCIPAL TYPE OF HEATING FUEL:

Gas Oil Electricity Coal Bio Mass Other specify _____

[G] TYPE OF SEWAGE DISPOSAL:

Public or private company Private, (septic tank, etc.)

[H] TYPE OF WATER SUPPLY:

Public or private company Private (well, cistern)

[I] TYPE OF MECHANICAL:

Will there be central air conditioning: Yes No Will there be an elevator Yes No

[J] DIMENSIONS:

(based on exterior dimensions)

Number of stories: _____ Total square feet of floor area, all floors: _____ Total land area sq. ft. _____

[K] Number of off-street parking spaces: _____ Enclosed _____ Outdoors _____

[L] Residential buildings only: Number of bedrooms: _____ Number of baths: Full _____ Parcel _____

[M] On back, or attached to this sheet, please show a drawing of the proposed change(s)

ZONING ADMINISTRATOR'S NOTES - FOR OFFICE USE ONLY (DO NOT WRITE THIS AREA)

Use: _____ Front Yard _____

SideYard: _____ SideYard: _____ RearYard: _____

Notes: _____

Zoning Admin. Signature: _____

Date: _____

Side Yard

Rear Yard

Road Frontage

Side Yard

