## 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 SET 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 Priveate 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

IMPORTANT: This project may require additional building, mechanical, Land Use Permit must be approved prior to project start date. Failure to Failure to respond to notice of late few thin 10 business days may rest The Property Owner must make every effort to resolve corresponding daff fees are payable to Clarendon Township. Please contact SAFEbuilt Return permits with applicable fee to: Randy Shank. Zoning Admin: 800  This Land Use Permit expires one year froi IMPORTTANT: APPLICANT TO COMPL  I. LOCATION OF BUILDING (All Applicants Comp.)	o obtain required Land Use Permit may result in a \$100.00 late fee, uit in additional \$100.00 failure to respond fee. Jellinquency by contacting Clarendon Township's Zoning Administrato prior to starting any work on site at (269)729-2444 19 Mile Rd.: Tekonsha, MI 49092: (269) 967-3984 mr date of Issue
LOCATION OF BUILDING	LIE ALL ITEMS IN SECTION 1 - 4
. COCATION OF BUILDING AN Applicants Come	plete This Section )
AT (LOCATION)	ZONING DISTRICT
CITY:C	OUNTY:
BETWEEN: AND:	
PARCEL #: (CROSS STREET) (CROSS STREET) (TRIS IS ON	D .
THIS IS ON	YOUR TAX BILL)
IGHTHOUSE VILLAGE LOT #	
. Identification - (To be completed by all applicants)	
1. Owner or Lessee:	Mailing Address:
City: State:	Zip: Telephone #:
	The profit of
2. Contractor	Mailing Address:
City: State:	ZipTelephone #
Builders License	
3. Architect or Engineer: State:	Mailing address:
City: State:	Zip:Telephone #:
hereby certify that the proposed work is authorized by the owner to make this application as his authorized agentignature of Applicant	t and sures to conform to all laws of this last at at
-	
Application Date	
. TYPE AND COST OF BUILDING: ( All Applican	nts Complete Parts A - D)
A. TYPE OF IMPROVEMENT:	
New Building Addition ( if residential, enter numbe	er 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)
Ownership:	and in bunding in part D)
Private (individual, corporation, nonprofit, etc.)	Public (Federal, State, or local government)
. Cost of improvement : (Even Dollars )	
lectrical	
lumbing	
eating. Air conditioning	
Other, (clevator, etc.)	
otal cost of improvement——\$	
Continue with Par	rt D on next page

RESIDENTIAL: One family two or more ente	f units()
NONRESIDENTIAL: Amusement, recreational:	church, other religious:   industrial:   parking garage
Service station, repair garage: Hospital, instituti	ional: Office, bank, professional: public utility
chool, library, other educational: O stores meres	antile: Tanks, towers: agricultural (out building)
parn/storage bin /machinery cover etc.)   other, s	needs
	uildings, i.e., food processing, muchine shop, laundry building at
lospital, elementary school, secondary school, collège, p oulding, office building at industrial plant. If use of an o	parochial school, parking garage for department store access, or
Selected characteristics of building: (For ne (For wrecking, complete only part J.)	w building and additions complete parts E - M)
E PRINCIPAL TYPE OF FRAME:	
☐ Mason nary (wall bearing) ☐ Wood fram ☐ Other specify	e 🗌 Structural steel 🖺 Reinforced concrete
[F] PRINCIPAL TYPE OF HEATING FUEL:	* MANAGEMENT
☐ Gas ☐ Oil ☐ Electricity ☐ Coul [G] TYPE OF SEWAGE DISPOSAL:	☐ Bio Mass ☐ Other specify
☐ Public or private company  [H] TYPE OF WATER SUPPLY:	septic tank, etc.)
☐ Public or private company ☐ Private (w [I] TYPE OF MECHANICAL:	
[3] DIMENSIONS: (hasad as	□ No Will there be an elevator □ Yes □ No saterior dimensions)  floor area, all floors: Total land area sq. ft
[K] Number of off-street parking spaces:	EnclosedOutdoors
	noms: Number of baths: Full Parcel
[M] On back, or attached to this sheet, please sho	
ZONING ADMINISTRATOR'S NOTES	- FOR OFFICE USE ONLY (DO NOT WRITE THIS AREA)
ideYard: SideYard:	Front Yard Rear Yard:
ntes:	
oning Admin. Signature:	
OHIDE ADMIR. MORATHYA.	Date:

# 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)729-9244

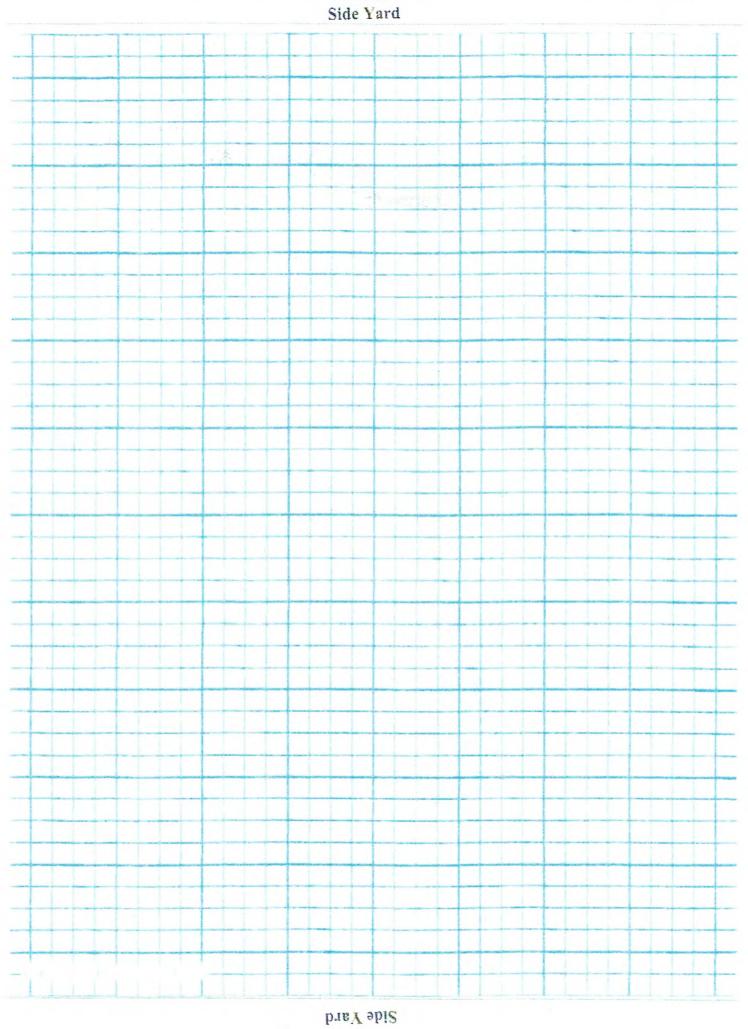
Return permits with applicable fee to: Randy Shank. Zoning Admin: 800 19 Mile Rd.: Tekonsha, MI 49092: (269) 967-3964

This Land Use Permit expires one year from date of issue

### IMPORTANT: APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1—4

1. LOCATION OF BU				
AT (LOCATION)		ZONING	DISTRICT	French I Information co.
CITY:		COUNTY:		to represent on the bas
BETWEEN:	Al	ND:		nd little pay but been if the
	(CRO			
PARCEL #:	and the second	THIS IS ON YOUR TAX	BILL)	
LIGHTHOUSE VILLAGE L	OT#	the of Albert Editor (and seek of three believe	(1) (7)	In this area plut your
2. Identification - (To be	completed by all app	plicants)		signature and address to certify the work will be
1. Owner or Lessee:	A applicant Company Park A	Mailing Ad	ldress:	SO IIIW WILLWOOD YILLOO
1. Owner or Lessee: City:	State:	Zip:	Telephone #:_	data of a <del>pplication</del>
2. Contractor		Mailing A	ddress:	
		Maining A	Telephone #	ype of Improvement to say
3. Architect or Engineer	:	Mailing add	dress:	Iwnershipt Check Box Private
			Talambana #	
3. Architect or Engineer City: I hereby certify that the pr The owner to make this ap Signature of Applicant	roposed work is auth oplication as his auth	norized by the owner of a	ecord and that I hat conform to all la	ave been authorized by ws of this jurisdiction.
I hereby certify that the pr The owner to make this ap Signature of Applicant	roposed work is auth oplication as his auth	norized by the owner of a	ecord and that I hat conform to all la	we been authorized by ws of this jurisdiction.
I hereby certify that the pr The owner to make this ap Signature of Applicant Application Date	roposed work is auth pplication as his auth	norized by the owner of r norized agent and agree t Address	ecord and that I hat conform to all la	we been authorized by ws of this jurisdiction.
I hereby certify that the pr The owner to make this ap Signature of Applicant  Application Date  3. TYPE AND COST C	roposed work is authoplication as his authop	norized by the owner of r norized agent and agree t Address	ecord and that I hat conform to all la	ave been authorized by ws of this jurisdiction.
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I hereby certify that the pr The owner to make this ap Signature of Applicant  Application Date  3. TYPE AND COST C  A. TYPE OF IMPROVEM New Building Addit Alteration ( see addition	roposed work is authoplication as his authoplication as his authope of BUILDING: (AIENT: tion (if residential, en above) Repair, 1	norized by the owner of replacement of norized agent and agree of Address  All Applicants Complete enter number of new hourseless of the complete of the compl	e Parts A - D) using units added, i	ave been authorized by ws of this jurisdiction.  f any, in part D,)
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D. Proposed use - (for "wrecking" most recent use):	Side Yura
RESIDENTIAL: One family two or more - enter	number of units garage: Carport:
I transient hotel, motel, or dormitory, number of t	units( ) other - specify
	hurch, other religious: [] industrial: [] parking garage []
Service station, repair garage:   Hospital, institution	nal: 🗌 Office, bank, professional: 🗎 public utility 📗
school, library, other educational:   stores, mercan	itile:   Tanks, towers:  agricultural (out building/
barn/storage bin /machinery cover etc.) □ other, spe	ecify
	ildings, i.e., food processing, machine shop, laundry building at rochial school, parking garage for department store, rental office disting 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  [G] TYPE OF SEWAGE DISPOSAL:	☐ Bio Mass ☐ Other specify
	eptic tank, etc.)
[H] TYPE OF WATER SUPPLY:	• • • • • • • • • • • • • • • • • • • •
☐ Public or private company ☐ Private (we [I] TYPE OF MECHANICAL:	ell, cistern)
	□ No Will there be an elevator □ Yes □ No sterior dimensions) oor area, all floors: Total land area sq. ft
[K] Number of off-street parking spaces:	Enclosed Outdoors
[L] Residential buildings only: Number of bedroo	oms: 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)
sideYard:SideYard:	Front Yard RearYard:
Notes:	
Zoning Admin. Signature:	Date:



Kear Yard