

Burt Township PO Box 430

Grand Marais, Michigan 49839-0430 Phone: (906) 494-2381 Fax: (906) 494-2627

Permit #

Application for Zoning Compliance Permit

Applicant:									
I,(Owne			n	nake the fo	llowing s	tatement	t for		
(Owne	r/Builder)						(Owner)		
of		(A	ddress)				(Ph	none #)	
			,				`	,	
Legal Desc	_	D		D 10	1 02 0	0.2			
Section									
Block	Lot		Plat Na	me					
Street Addr	ess								
Zoning Dis									
R-1	R-2	C-1	C-2	BAY	RF	RP	LS/R		
NR	I	PR	SD/7	ΓP-IBZ	RM	I-IBZ	RR-IE	BZ	
Story Height: Basement or Crawl: Type of Foundation: Post Block Poured Addition to Dwelling Indicate Size of Addition: Proposed Use of Addition:			☐ Commercial* Indicate Proposed Use:						
Story Height/Foundation: Mobile Home or Sectional Home				 (A site plan is required)□ Sign (attach sketch) On Premise:					
Indicate Size of Building: Foundation:						Yes	No		
								 Width:	
□ Accessory Building Size of Building: Height: Is this a Pole Building? □ Yes □ No				Of	essage:				
Indicate Primary Use: Indicate Roof Design:									

Internal Tracking #:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and contain a correct legal description, all buildings existing on the lot and any proposed new construction.

THE APPLICANT SHALL FURTHER AGREE THAT NEITHER HE NOR HIS SUCCESSOR WILL SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY LAND SURROUNDING A STRUCTURE IF SUCH TRANSACTION WILL RESULT IN THE STRUCTURE BEING LEFT ON A LOT WHICH FAILS TO MEET THE MINIMUM REQUIREMENTS SET FORTH IN THE TOWNSHIP ZONING ORDINANCE.

If no work has been done within twelve (12) months, this application and any granted permissions become void. Failure or neglect to comply with the provisions of the Burt Township Zoning Ordinance will cause this application to be canceled and any granted permissions to be revoked immediately.

NOTE: Once the Zoning Administrator acts formally on this application, no amendments to this application will be permitted. Official written notification regarding the status of this Zoning Compliance Permit will be given to the applicant within 10 business days after application and fee have been received by the township office.

In addition, I hereby grant permission for members of the Burt Township Board, Planning Commission, Board of Appeals, and Zoning, to enter the above described property for the purpose of gathering information related to this application.

X	Owner or Owner's Agent Signature	Date:		
COST:	Commercial & Industrial in all districts Residential in all districts All Fees are Non-	\$125.00 (plus professional expenses) \$ 75.00 Refundable		
	□Cash □Check No	Date Paid		
OFFICE U	JSE ONLY# # Yes	□ No		
REMARK	XS:			
	Flood Hazard Area (DNR PERMIT REQUIRED)	High Risk Erosion (DNR PERMIT REQUIRED)		
	Water Setback	Lot Size		
	Setbacks			
	Variance Granted	Conditional Use Granted		
	Other:			
SIGNED:	Rurt Township Zoning Administrator	DATE:		

Internal Tracking #:

Lot Diagram

Draw a diagram of the lot on which the building is to be constructed, showing the size of the building and where it is located on the lot. Also show the distance from the building to the front, side, and rear lot lines. Show all buildings presently on the property.

Checklist for diagram. Please check off the item as you include it in your diagram.

	Lot	or	land	dimensions.
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- □ Name of street or road on which you front and the two (2) nearest intersections.
- Distance from each of the existing and proposed buildings to the outside lines of the property.
- □ Distance between each of the existing and proposed buildings.
- □ Location of water supply facilities with distances.
- □ Location of sewage system with distances.
- Type of construction.
- □ Dimensions of proposed construction, i.e.: width, length, height.

Form: BTZF2007 Last Rev. 09/10/09