Charter Township of AuSable

4420 N. US 23

AuSable, Michigan 48750 Telephone: (989) 739-9169 / Fax: (989) 739-0696 E-mail: hall@ausabletownship.net Website: www.ausabletwp-mi.gov

ZONING PERMIT APPLICATION – RESIDENTIAL

PLEASE CHECK T	YPE OF PERMIT BELOW
DRIVEWAY DECK/PORCH Use Permitted by R This application is used for all residential plot pla own application form. Applications will be proces	CTURE ADDITION DEMOLITION _ FENCESWIMMING POOLGARAGE Right or Special Land Uses an applications except for sign permits, which have their ssed within five (5) working days (schedule and workload e on the Township's website www.ausabletwp-mi.gov
Fee Paid \$25.00 □ (check)	
Owner and Address of Property:	Phone Number of Owner:
	Residence:
	Work place:
	Cell:
Owner Mailing Address: (If different)	Name and Address of Applicant: (If different than owner)
	Telephone:
FOR TOV	WNSHIP USE ONLY
Permit Number:	Date:Comments:
Date Received:	
Complete Application Received (date):	
Tax Parcel Number:	
Zoned:	
Fee Received:	
Fee Receipt Number:	
Action taken on(date):	
(Circle below as appropriate)	
Approved Approved Denied Plot Plan Plot Plan with Conditions Plot Plan	Zoning Administrator Date

ZONING PERMIT APPLICATION – RESIDENTIAL

Requi	rements:				
	Complete all application sect	ions including Plot Plan Drawing.			
	Finished side of your fence n	nust face the neighbor's and/or the street.			
A nnli	action Activity (Charle all that	amply)			
Appn	cation Activity (Check all that				
_	New Home Addition to:	Deck/Porch			
_	_ Addition to:	Demolition			
	_ Shed (max. 200 sq. ft.)	Fence: Type:			
	_ GaragePole Bar	rn Swimming Pool			
Addit	ional Submittals (If Applicab	le)			
	Sanitary sewer or septic appr	oval			
	· Either a copy of the a	pproved septic permit from the District Health Department or a copy			
		eipt to Township sewer service.			
	_				
	Water supply approval				
	 Either a copy of the ap 	oproved form to construct a well from the District Health Department			
	or a copy of the hook	-up fee receipt to Township water service.			
	A complete set of drawings a	nd plans for proposed new construction.			
	DEQ Permit (if applicable)				
	For driveways a County Road Commission permit or MDOT for US 23				
Appli	cation Information				
		y with principal dwelling (color, siding type, roof color, etc.)			
G	W4				
Struct	ure #1, consisting of				
	feet from front lot line	feet from left side lot line stories			
	feet from rear lot line	feet from right side of lot line roof pitch			
	square feet of gross floor area	feet in height			
	_ feet in length	feet in width			
Structu	are #2, consisting of				
	feet from front lot line	feet from left side lot line stories			
	feet from rear lot line	feet from right side of lot line roof pitch			
	square feet of gross floor area	feet in height			
	_ feet in length	feet in width			

PART 5: AFFIDAVIT

I (we) the undersigned affirm that the foregoing answers, statements, and information are in all respects
true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the
approval applied for, if granted is issued on the representations made herein and that any 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. Permits are valid for one (1) year from the date
of issuance

Applicant signature(s)	Date
Property Owner's signature(s)	Date
(if different than applicant)	Date

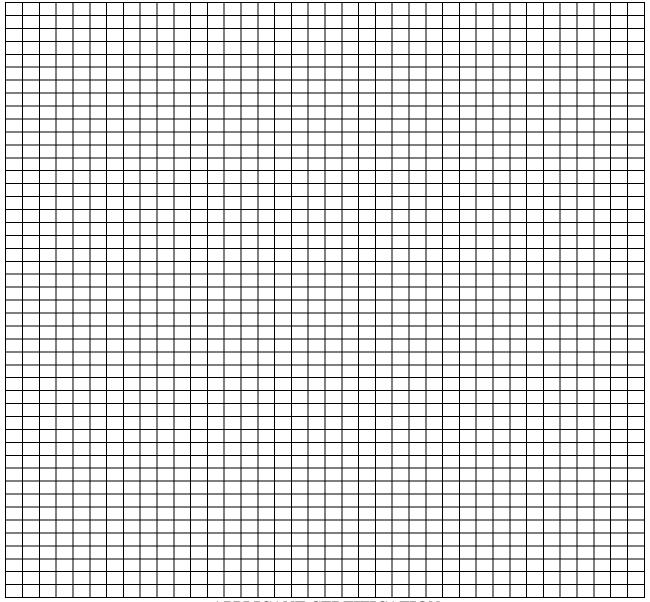
RESIDENTIAL PLOT PLAN DRAWING

Drawing must include:

An accurate, readable, **scaled drawing** is required showing the following:

- □ The shape, area and dimension of the property
- ☐ The location and dimensions of all existing and/or proposed structures to be erected, altered or moved on property
- □ Set backs of all existing and/or proposed structures from all lot lines and dimensions from each other
- □ Location of any septic system, drain field and well
- □ Configuration of the driveway and parking, if applicable
- □ Abutting roads noted
- □ Attach drawings including layout and elevations for new construction

N W • E S



APPLICANT CERTIFICATION

"I certify the above	drawing prepared abo	ve accurately reflect	ts the subject property	vas surveyed including
the height, size, and	d setback locations of 1	proposed signs."		

Signature (Applicant)	Date
Approved Zoning Administrator	Date