This application must be accompanied by a **scale plot plan** meeting the requirements of the Zoning Administrator as described on Pg. 4. **If application is made via US Mail, two (2) copies of the scale plot plan must accompany the paper application.** This application **MUST** be signed and approved by the Zoning Administrator <u>before</u> the applicant can apply for building permits with Clinton County. All *applicable* fields MUST be filled out and the application shall include all attachments as requested or it will be returned as incomplete. Application for zoning compliance certificates shall expire six (6) months after the date of filing unless a building permit has been issued by Clinton County.

Today's Date (mm/dd/yyyy):				
Project Address				
APPLICANT(S) INFORMATION				
Name				
Address				
City		State:	Zip:	
Cell Phone ()	Other Phone ()			
Driver's License (or State-Issued ID) #				
Email				
PROPERTY OWNER INFORMATION (If different	ent than t	the Applicant(s))		
Name				
Address				
City		State:	Zip:	
Cell Phone ()	Other F	Other Phone ()		
Driver's License #				
Email				
If applicant is not the owner, describe applicant's ownership OR affidavit, if applicant is not the ow			elow. Proof of	
If this application is being made for a LAND DIVISION, please see pages 2 & 3 for additional information and further instructions. Note: Above information <u>must</u> be filled out for all applications.				

PROPERTY DESCRIPTION (Continued)					
Zoning Classification	n A-1 (General Agriculture)	l-1 (Light In	dustrial)		
Sanitary Facilities					
Type of Construction	/ Alteration				
Front Yard Setback	ft.	Building Height	ft.		
Side Yard Setback	ft.	Lot Coverage (%)	%		
Rear Yard Setback	ft.	Total Floor Area	sq. ft.		
Lot Area	a/ft ²	Off Street Parking	cars		
Project Start Date (m	m/dd/yyyy)	Project Completion Date (mm/dd/yyyy)			

LAND DIVISION (Only fill this section out if requesting a Land Division)

Zoning Approval is required prior to any alterations of parcel boundaries, including splits, combinations, and boundary adjustments. This form is designed to comply with rules, regulations and ordinances adopted pursuant to Public Act 288 of 1967 (Michigan Land Division Act) and the Bengal Township Zoning Ordinance regulating the size, shape, and proportion of property in the Township.

All fields *applicable* MUST be filled out and the application SHALL include all attachments as requested or it will be returned as incomplete.

LOCATION OF PARENT PARCEL TO BE DIVIDED

Street Address

City

State

Zip

Parent Parcel Id

If vacant, frontage road name:

	attach additional sheets where necessary): Il this section out if requesting a Land Division)
Number of New Parcels	Intended Use
Instructions:	
 properties resulting from a land Attach survey to application. He to submit a signed and sealed s relevant dimensions can be sub must be submitted prior to appr Attach legal description of pare All properties resulting from land 	ealed by a professional surveyor is required for all division, including the remainder of the parent parcel. owever, the applicant may wait under after Zoning Approval survey. For Zoning Approval, a plot plan clearly showing the omitted. After Zoning Approval, a signed and sealed survey roval by the Township Assessor. Int parcel remainder and proposed divisions. d division, including the remainder of the parent parcel ments of the Zoning Ordinance governing minimum area, and requirements

Number of Divisions Being Transferred_

Instructions: Number of divisions to be transferred from the parent parcel to another parcel; specifically identify which parcels are to receive transferred divisions and how many on attached survey. Questions regarding transfer of divisions should be directed to Dr. Mark Holley at mholley4444@gmail.com or by calling 989-834-5611.

APPLICATION SIGNATURE(S)

In the case of a false statement or misrepresentation of fact in the application or on the plans on which the certificate is based, any zoning compliance certificate issued thereto shall be null and void. I hereby acknowledge the above facts and those on the attached site sketch and prints to be true to the best of my knowledge.

Authorized Signature	Date
Authorized Signature	Date

Completed application, site plan and all relative documentation can be <u>preferably</u> e-mailed to Sharon Bassette at <u>bengaltownshipclerk2@gmail.com</u> or paper copies can be mailed to the address below. Payment should be made payable to Bengal Township and sent to Sharon Bassette, Bengal Township Clerk at: 800 S. US27, PO Box 124, St. Johns, Michigan 48879

Payment shall be sent at the same time application is made and <u>will not be processed until</u> the appropriate payment has been received.

SUBMITTED PLAN REQUIREMENTS

Each application for zoning compliance review shall be accompanied by **2 copies of plot plans** if submitting via US Mail. Plans, electronic or paper, shall consist of a scale drawing as described below (if applicable).

- □ Proposed locations of buildings, additions, accessory structures
- □ Property dimensions
- □ Landscaping and vegetation
- Existing public right-of-way, i.e., road rights-of-way, drain right-of-way, power right-of-way
- Public and private easements
- □ Water bodies and water courses, including surface drainage
- □ Location of water supply and the location and design of wastewater system
- □ Location and design of parking areas
- Proposed grades and site draining pattern
- □ Proposed location of common open spaces and facilities, if applicable
- □ Location of abutting streets and proposed buildings and their relation to the property lines and right- of-way