

Zoning Compliance Application

Mastodon Township
 1371 U.S. Hwy. 2 South, Crystal Falls, MI 49920
 (906) 875-6232

Parcel Number: _____
 Date: _____
 Name: _____

Office Use Only

Application Number: _____
 Date Application Rec.: _____
 Application Rec. by: _____
 Fee paid [amt. and check #]: _____

1. Mastodon Township has the authority to issue a "STOP WORK" order for non-conformance of any Township ordinance and/or any permit.
2. Mastodon Township reserves the right to reject this application if information is incomplete.
3. Fees are non-refundable unless approved by Mastodon Township Board.
4. Permits are good for 12 months from approval date with ONE allowable 12 month renewal.

Applicant

Name:		Phone:
Business Name:		
Address:		
City:	State:	Zip:

Property Address: _____

1. **Type of Compliance** [select one]
 - Zoning Compliance** - Fee _____ **Sign Compliance** - Fee _____
 - Special Land Use** - Fee _____
 - Rezoning** - Fee _____ Current Zoning District _____
 - Non-Conforming Use** - Fee _____ Is property currently non-conforming?
 - Zoning Variance** - Fee _____ Current zoning district _____
 - Other** - Fee _____ Describe _____

2. Include the following attachments:

- A. Copy of tax bill showing ownership
- B. Scaled drawing showing ALL measurements, property lines, structure placement, structure dimensions including height, all other structures on the property, etc.
- C. Detailed description of proposed use, request, practical difficulties, reasons, etc. This should be as detailed as possible. _____

3. Signatures

A. I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

 Signature of owner verifies knowledge of Township ordinance Date

B. **PROXY:** I am hereby notifying Mastodon Township that the following person(s), and/or company will be handling all aspects of this application, except otherwise stated here:

Name: _____
 Company: _____
 Address: _____
 Phone: _____

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate and within compliance with Mastodon Township Zoning Ordinances.

Signature of above named proxy verifies knowledge of Township ordinance _____ Date _____

C. **OPTIONAL:** I hereby grant permission for members of Mastodon Township’s Planning Commission, Zoning Board of appeals, governing body, Zoning Administrator, to enter the above described property for the purposes of gathering information related to this application. **NOTE:** This permission is optional and failure to grant permission will not affect any decision on your application.

Signature of owner grants Mastodon Township permission to enter described property _____ Date _____



4. Zoning Administrator Checklist

Is the application correct? _____ Fee Received? _____ Are all attachments included? _____

Current zoning district: _____ Property size [i.e. acreage]: _____

Setbacks Front: _____ Back _____ Side 1: _____ Side 2: _____ Waterfront: _____

Structure Height: _____ Size: _____

List other residential buildings or structures on site: _____

Has property owner contacted all other county officials? _____

Initial Site Review:

Signature of Mastodon Township Zoning Adm. or Supervisor _____ Time/Date _____

Second Site Review [after initial County code inspection]:

Signature of Mastodon Township Zoning Adm. or Supervisor _____ Time/Date _____

5. Planning Commission’s Action Total \$ _____ Receipt # _____

_____ Approved Conditions, if any: _____

_____ Denied Reasons: _____

Reviewer’s Signature: _____ Date: _____