

APPLICATION FOR ZONING COMPLIANCE PERMIT

PLEASE PRINT OR TYPE (if additional space is needed, use back side of application.)

The application must be accompanied by one (1) copy of a to-scale plot plans meeting the information requirements of the Zoning Administrator. This application **MUST** be signed and approved by the Zoning Administrator ***before*** the applicant may apply for construction permits with the County.

Applicant Information		
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	
Interest in Subject Property:		

Owner(s) Information:	(if different from applicant, include owner-signed consent to, and certification of, application)	
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	

Project and Property Information:			
Project Description:	<input type="checkbox"/> use land	<input type="checkbox"/> construct new building(s)	
	<input type="checkbox"/> add to existing building(s)	<input type="checkbox"/> alter existing building(s)	
Please describe the use(s):			
Please indicate if this is a building for agricultural purposes only. If so, then also complete the Agricultural Accessory Building Form and submit with this application. To qualify, current zoning of the property must be Agriculture (AG). <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Zoning Classification:	<input type="checkbox"/> RC Resource Conservation	<input type="checkbox"/> R-1 Residential	<input type="checkbox"/> R-2 Multi-Family Residential
	<input type="checkbox"/> AG Agriculture	<input type="checkbox"/> C Commercial	<input type="checkbox"/> I Industrial
Property Identification Number:			
Subject Property Address:	City:	Zip Code:	
Legal Description:			
Lot Area: (AC or SF):	Percentage of Lot Covered: (%)		
Average Lot Width (ft):	Average Lot Depth (ft):		
Building Height (ft):	Building Width (ft):		
Total Floor Area (sf):	Building Length (ft):		
Front Yard Setback (ft):	Off-Street Parking (# of cars):		
Side Yard Setback (ft):	Rear Yard Setback (ft):		

Applicant(s) Certification:	
Applicant(s) acknowledges that the information submitted in and with this application is true and correct to the best of his/her knowledge.	
Applicant Signature(s):	Date:
	Date:

Applicant(s) Acknowledgement	
Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Benton Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Benton Township is not bound to recognize the approval or other action of any employee(s) or official(s) that is not in compliance with the applicable Benton Township Ordinance.	
Applicant Signature(s):	Date:
	Date:

Submission Requirement Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Proposed location(s) of buildings, additions, and accessory structures
<input type="checkbox"/> Application Fee, made payable to Benton Township
<input type="checkbox"/> Legal Description (<i>attached separately if needed</i>)
<input type="checkbox"/> Existing public rights-of-way (if applicable)
<input type="checkbox"/> Water bodies and water courses (if applicable)
<input type="checkbox"/> Location of parking areas
<input type="checkbox"/> Location of abutting streets & proposed buildings & their relation to the property lines & right-of-way
<input type="checkbox"/> Accessory Agricultural Buildings Form (if applicable) | <input type="checkbox"/> Existing Location of Water Well & Septic System
<input type="checkbox"/> Property Dimensions
<input type="checkbox"/> Private and Public Easement(s) (if applicable)
<input type="checkbox"/> Location of public utilities (if available)
<input type="checkbox"/> Proposed grades and site drainage patterns |
|--|--|

Please submit completed application Benton Charter Township Zoning Administrator
and above information to: 426 S. Clinton Street, Grand Ledge, MI 48837
Or by email: tzfoster@zfengineering.com

Please remit payment to: Benton Township 5136 Windsor Highway, Pottersville, MI 48876
An after-hours drop box is available at this location.

FOR TOWNSHIP USE ONLY		
Fee Received: \$	Date:	By:
Zoning Compliance Certificate:		
<input type="checkbox"/> Granted	<input type="checkbox"/> Granted as noted, see comments:	
<input type="checkbox"/> Denied, see comments:		
Comments:		
Zoning Administrator: _____		Date:
Signature		

Copy of Completed Application and, if granted, Permit to:			
<input type="checkbox"/> Applicant	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> Township Clerk