

ISABELLA COUNTY ZONING PERMIT APPLICATION

ISABELLA COUNTY COMMUNITY DEVELOPMENT DEPARTMENT 200 N. MAIN ST., MT. PLEASANT, MI 48858 (989) 317-4061 FAX (989) 775-6681

ZONING APPLICATIONS WILL **NOT** BE ACCEPTED UNLESS ALL THE FOLLOWING ARE PROVIDED AT THE TIME OF APPLICATION:

1. CORRECT PROPERTY TAX ID#:

*If property has been split within the past 12 months, a copy of the split record may be required from the Township Supervisor or Assessor. If property was purchased within the past 12 months, a copy of the new deed may be required.

2. CORRECT LEGAL DESCRIPTION OF THE PROPERTY

3. COMPLETED PLOT PLAN, SIGNED & DATED

(See page 3 of this application)

4. ADDRESS OF PROPERTY:

*If no address has been assigned, an application for new address must be submitted with the zoning permit application. Applications are available in the Community Development Department.

5. WELL AND SEPTIC APPROVAL:

Contact the Central Michigan District Health Department at (989) 773-5921. Well and Septic permit or Existing Well and Septic Evaluation is needed if:

- New dwelling
- Any addition in Lakes Area Residential district
- When the dwelling is being replaced by a different dwelling
- When the addition is a bedroom in any district
- Remodeling that would encroach any of the required setbacks to home

6. SOIL EROSION EVALUATION:

Applications are available at the Isabella County Inspection Dept. at (989) 317-4061 Soil Erosion and Sedimentation Control Permit is required if:

• If you are building within 500 ft. of any body of water (i.e., lake, river, stream, county drain, wetland, etc.).

OR

- If you are disturbing more than one acre of land.
- 7. APPENDIX A: If building is an agricultural building.

8. PROPERTY OWNERS SIGNATURE:

Property Owner signature is required on **ALL** pages of application. A form or letter signed by the property owner granting the applicant permission to obtain permits is also acceptable.

9. DISPLAY BOARD:

A board must be placed at the entrance of the property for displaying your permit.

10. PERMIT FEE: \$75.00

Page 1 of 5 **ISABELLA COUNTY** *OFFICE USE ONLY* Permit No.: _____ Application for Zoning Permit Date: _____ Check No.:____ I/We do hereby make application for a zoning permit in accordance with the Isabella County zoning ordinance (effective February 16, 1989) and as amended pursuant to Receipt No.:_____ the provisions of Act 110 of the Public Acts of 2006 as amended. **Property Owner** Name: Phone: Email: _____ Address: _____ State: _____ Zip:_____ City: **APPLICANT** (If different from Property Owner) Phone: Name: Email: Address: _____ State: _____ Zip: ____ City:_____ **PROPERTY LOCATION** Parcel data information can be found at: app.fetchgis.com/Isabella Property Tax ID#: Township: Section: Project Address: _____ Legal Description of Property (attached separate sheet if necessary) **Directions to Property**

One (1) copy of the site plan is attached, in ink or prints of same, showing the actual shape and dimensions of the lot to be built upon, the **exact** location, size, and height of the building and accessory buildings existing, and the lines which the building or structure is to be erected or altered. The existing and intended use of each building or part of a building, the number of families or housekeeping units the building is designed to accommodate and such other information with regard to the lot and neighboring lots that may be necessary to determine and provide for the enforcement of this ordinance shall be furnished. <u>THE LOT AND LOCATION OF THE BUILDING THEREON MAY BE REQUIRED TO BE STAKED OUT ON</u> THE GROUND AND INSPECTED BY THE ZONING ADMINISTRATOR BEFORE CONSTRUCTION IS STARTED.

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PLEASE	ANSWER	THE	FOLL	OWING	QUESTIONS
			TOLL		VULDIIUIU

Failure to answer ALL questions may result in a delay of the processing your permit application.

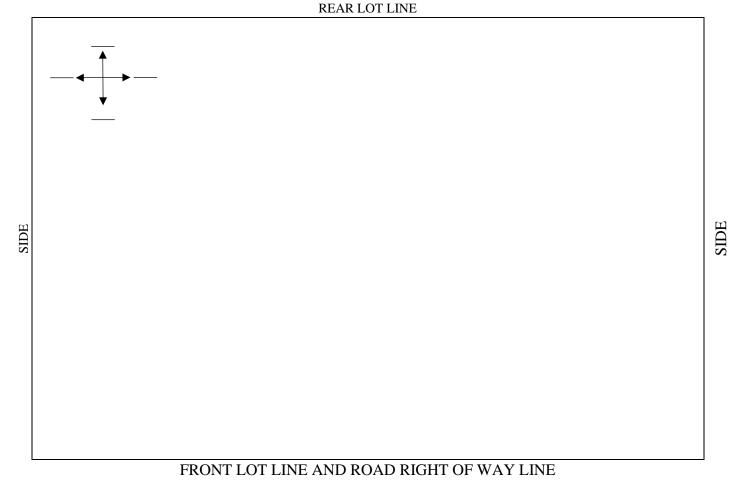
1.	Has the property been bought or sold in the past 12 months? If yes, a copy of the new deed is required.
2.	Has the property been split or created as a result of a split in the past 12 months?
3.	Has the property been split or created as a result of a split since March 31, 1997?
4.	If yes, how many? What are the dimensions?
	What are their uses?
5.	How many buildings or structures are you proposing to build? What are the dimensions? What is the height to the highest point of the building or structure?
	Provide a detailed description of the use
6.	Does the proposed required a well and septic evaluation or permit to construct a well and septic from the Central Michigan District Health Department?
6.	If the proposed building is a manufactured home, what is the year of the home?
7.	Are all property lines and dimensions shown on the plot plan (page 3)?
8.	Are all roads and road right of ways shown on the plot plan (page 3)?
9.	Is there a water body (i.e., lake, river, stream, county drain, wetland) on or adjoining the property?
10.	Are you within 500 feet of a water body (i.e., lake, river, stream, county drain, wetland) OR are you disturbing more than one (1) acre of ground? If yes, contact the Isabella County Inspections Office for a Soil Erosion and Sedimentation Control (SESC) Permit.

I hereby certify that the information submitted for these questions is accurate to the best of my knowledge.

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All of the following are required be shown on the plot plan as they apply to the property.

- 1. North arrow
- 2. All property lines and dimensions
- 3. Proposed streets, sidewalks, and driveways
- 4. All existing and proposed building and structure sizes.
- 5. Distance from side and rear property lines to all existing and proposed buildings and structures
- 6. Distance from the front property line as measured from the edge of the road right of way to all existing and proposed buildings and structures.
- 7. Distance from the proposed construction to existing buildings and structures



Applicant Signature Dat	te	Property Owner Signature	Date						
OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS TEXT									
Zoning District:	Lot Size:	Use:							
Setbacks: Front:	Rear:	Side:	Side:						
Building Size:			_ Height:						
Accessory Building Size:			Height:						
SESC Permit:	Health Department	Approval:	_ Flood Plain:						
FAA Notice:	Wetlands:		_						
		[] Approve	d [] Denied						

APPENDIX A (Agricultural Buildings)

- 1. Type of Farm: _____
- 2. If the farm is a livestock operation, how many existing and proposed animals are on the farm?

	Number of Animals	<u>Existing</u>	Proposed			
	Slaughter or feeder cattle Mature dairy cattle Swine Horses Sheep or lambs Turkeys Laying hens or broilers Ducks Other					
3.	. If the farm is a livestock operation, where is livestock waste being stored?					
4.	Describe exactly what the Agricultura	al Building is being	used for.			
5. 6.	What are the dimensions of the Agricultural building? Length Width List all existing buildings and their uses.					
7		9				
7.	What is the size of the farm in contig	uous acres?				
8.	Was the gross annual income from ag	gricultural uses grea	ter than \$2,000.00?			
9.	disturbing more than one (1) acre of g	ground?	stream, county drain, wetland) OR are			

I hereby certify that the information submitted for these questions is accurate to the best of my knowledge.