

Au Train Township
PO Box 33, Au Train MI 49806-0033
Phone: 906-892-8265
email: autrainzoning@gmail.com
www.auraintownship.org

Zoning Compliance Application

Application for a Zoning Compliance Permit is hereby made for the following purpose(s):

- to Build to Extend New use in existing building
 Other (please specify) _____ \$50.00 Fee Due with application

Date of Application: _____

APPLICANT

Name:	
Address:	City, State Zip:
Phone:	Alternate Phone:
Fax:	E-Mail:

PROPERTY OWNER

Check box only if Property Owner is the same as the Applicant

Name:	
Address:	City, State Zip:
Phone:	Alternate Phone:
Fax:	E-Mail:

The applicant / owner acknowledges review of the site plan requirements in the zoning ordinance (available at www.auraintownship.org or at the Township Hall)

PROJECT INFORMATION

Location:		
Property / Parcel I.D. Number(s): <small>(found on tax bill)</small> 02-001- - -	Zoning District:	
Current Use(s) & Occupancy:		
Project Name (if any):		
Estimated Project Costs:	Lot Size or Number of Acres:	
Square Footage of Existing Building(s):	Total Area of Site Being Disturbed (including lawn):	
Square Footage of Proposed Building(s):	Number of Floors:	Total Height:
Number of Off Street Parking Spaces:	Is this Property Accessed via Private Road:	

NO WORK – INCLUDING EARTHWORK – MAY COMMENCE UNTIL THIS APPLICATION IS APPROVED

COMPLETE LEGAL DESCRIPTION (attach if necessary)

ENGINEER OR SURVEYOR (If applicable)

Name:	
Address:	City, State Zip:
Phone:	Alternate Phone:
Fax:	E-Mail:

CONSTRUCTION PROPOSED

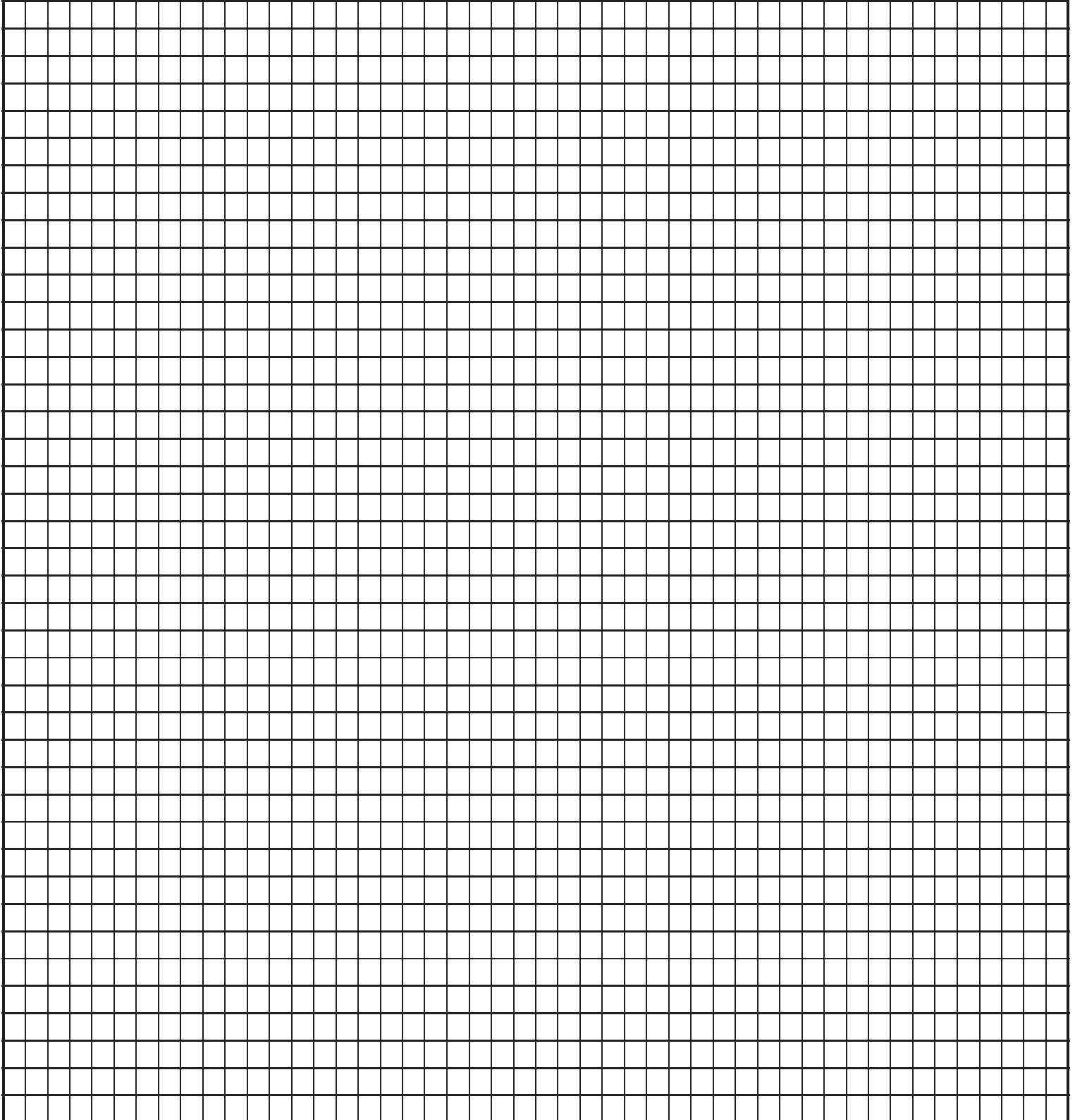
Check all that apply

RESIDENTIAL	NON-RESIDENTIAL			
<input type="checkbox"/> One Family – new	<input type="checkbox"/> Warehousing (storage)	<input type="checkbox"/> Food & Beverage Service		
<input type="checkbox"/> Duplex – new	<input type="checkbox"/> Office	<input type="checkbox"/> Institutional		
<input type="checkbox"/> One Family – alteration or addition	<input type="checkbox"/> Retail	<input type="checkbox"/> Outdoor Service / Sales		
<input type="checkbox"/> Duplex – alteration or addition	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Automotive Sales		
<input type="checkbox"/> Multi Family – new	<input type="checkbox"/> Assembly (describe)			
<input type="checkbox"/> Multi Family – alteration or addition	<input type="checkbox"/> Outdoor Storage (describe)			
	<input type="checkbox"/> Public Use (describe)			
Number of Units: _____				
<input type="checkbox"/> Other, describe: _____	<i>A site plan will be required for all applications – see Article X of the Au Train Township Zoning ordinance.</i>			
ACCESSORY STRUCTURE				
<input type="checkbox"/> Garage	<input type="checkbox"/> Shed			
<input type="checkbox"/> Carport	<input type="checkbox"/> Swimming Pool			
<input type="checkbox"/> Deck	<input type="checkbox"/> Gazebo			
<input type="checkbox"/> Fence	<input type="checkbox"/> Greenhouse			
<input type="checkbox"/> Pool House	<input type="checkbox"/> Other _____			
What utilities (are / will be) available in the accessory structure				
<input type="checkbox"/> Electricity				
<input type="checkbox"/> Water				
<input type="checkbox"/> Sewer				
<input type="checkbox"/> Heat	<input type="checkbox"/> Gas (forced air)	<input type="checkbox"/> Gas (hot water)	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
<input type="checkbox"/> Other (describe)				
Describe use of proposed structure:				

PROVIDE A SITE PLAN DRAWN TO SCALE; ATTACH A SEPARATE SHEET IF NEEDED

Site plans for all non-residential as well as multi-family residential must be drawn by and sealed by a licensed architect, engineer or surveyor (see Zoning ord. Article X)

- Show and label property lines and dimensions
- Show and label adjoining rights-of-way, curb and pavement location(s) and dimensions
- Show and label all structures and their dimensions
- Show all building set back distances from property lines and between structures
- Show driveway location(s) and dimensions and all parking areas / spaces
- Show and label any other features that affect development (i.e. easements, rocks outcrops, etc.)
- Draw in a North Arrow



ZONING COMPLIANCE PERMIT APPLICATION INSTRUCTIONS

- No construction in any district shall be begun, enlarged or extended or any work commenced that will change the present use of any structure without a Zoning Compliance Permit issued by the Township
- Every applicant for a Zoning Compliance Permit shall state in writing the intended use of the building and shall furnish a sketch, survey or other drawing in such scale and detail as may be required by the Township, which shall show the lot shape, dimensions and indicate the size, shape and location of the building, all easements, rights-of-way, significant topographical features and proposed and existing driveways and landscaping.
- A Zoning Compliance Permit shall expire 12 months from the date of issuance unless there has been substantial progress for which the Permit was issued.

- I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and if required contain a correct legal description.
- This application does not cover all permits required by Alger County.
- Additionally, the applicant/owner agrees that issuance of the Zoning Compliance Permit carries with it a condition allowing on-site inspection of the premises, both in review of the site plan and later to confirm compliance with the site plan. Applicant/Owner authorizes these inspections and acknowledges that they are a material condition to any approval provided with the application.
- Owner/Applicant further understands that any variance or violation of the approved plan or other conditions on the Zoning Compliance Permit may result in a STOP WORK NOTICE issued by the Zoning Administrator. Upon service of such notification, Applicant/Owner or their agents agree to immediately cease work on that portion of the property identified as a violation.

Applicant Name (print): _____

Applicant Name (sign): _____

Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act in his/her behalf

Owner Name (print): _____

Owner Name (sign): _____

Date: _____

Please note, this is not a Construction Permit. If Zoning Compliance is granted, you will then be required to submit all necessary applications for construction and copies of other required agency permits.

If a well water supply and/or septic system is required by the LMAS District Health Department, then proof of application and/or approval will be provided to the Township upon receipt and is a material condition to any approval provided with the application.

A site plan of your own design may be submitted, however the Township has the right to request a copy of a survey or an engineered site plan.

TOWNSHIP USE ONLY

Review Comments / Conditions of Approval:

-
-
-
-
-
-

-
-
-
-
-
-

Add'l Zoning Notes:

Date Received:

Payment Amount :

Check#

Approved <input type="checkbox"/> Initials: _____	Denied <input type="checkbox"/> Initials: _____
Denial Comments: _____	

Zoning Administrator
Signature _____

Date _____