

# KASSON TOWNSHIP LAND USE PERMIT APPLICATION

Timothy A. Cypher - Zoning Administrator

P.O. Box 226, Lake Leelanau, MI 49653

Phone 231-360-2557, Email: [tim@allpermits.com](mailto:tim@allpermits.com)

<b>SECTION 1 - Owner / Contractor / Agent Information</b>		
<b>Application completed by</b>	Parcels Owner's Name and Mailing Address	Phone Number
Owner <input type="checkbox"/> Contractor <input type="checkbox"/>  Agent <input type="checkbox"/>		
<b>Application Date</b>	Contractor's / Agent's Name and Mailing Address, if different than above <b>If contractor/agent, provide a letter of authorization from the parcel owner</b>	Phone Number
<b>Parcel or Tax ID#</b>	Physical Address of Parcel, if different than above	Lot # and Subdivision Name
45-007-		

<b>SECTION 2 - Proposed Structure Information</b>						
All measurements must include overhangs, if any						
Current Project Description Type of use	Type of Use <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Storage <input type="checkbox"/> Commercial					
Structure Dimensions – identify structure types separately - ie – house, decks, porches, garages, etc..	Type of Structure	Width	Length	Height	Stories	Area
	Structure #1					Ft <sup>2</sup>
	Structure #2					Ft <sup>2</sup>
	Structure #3					Ft <sup>2</sup>
	Structure #4					Ft <sup>2</sup>
Type of Foundation:	<input type="checkbox"/> Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Basement <input type="checkbox"/> Piers	Type of Frame/ <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Metal  Type of Siding <input type="checkbox"/> Wood <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Vinyl	# of Baths	# of Bedrooms	Total area of new structures	Ft <sup>2</sup>

<b>SECTION 3 - Existing Structure Information, if any</b>						
All measurements must include overhangs, if any.						
List all existing structures and area of each even if currently planned work is an addition to an existing structure	Type of Structure	Width	Length	Height	Stories	Area
	Structure #1	# of Baths # of Bedrooms				Ft <sup>2</sup>
	Structure #2	# of Baths # of Bedrooms				Ft <sup>2</sup>
	Structure #3					Ft <sup>2</sup>
	Do existing structures conform to zoning district setbacks? If Yes, please show on Site Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Total area of existing structures	Ft <sup>2</sup>

<b>SECTION 4 - Other Information ( please provide copies )</b>					
Health Department Permit #		Soil Erosion Permit #		MDEQ Flood Zone	# -45- - - - - Yes or No
		Driveway Permit #			

## SECTION 5- Zoning Information

All measurements must include overhangs, if any

Parcel is located in which Zoning District?		Complete all Items				
% Permitted Lot Coverage, if any	(A)	Total area of existing & proposed structures	(B) Ft <sup>2</sup>	Lot / Parcel Size	(C) Ft <sup>2</sup>	(B/C=D) Percentage of Lot Coverage
<b>Setbacks REQUIRED by District Regulations</b>	Front	Rear	<b>PROPOSED Setbacks</b>	Front	Rear	
	Side yard	Easement Private Road		Side yard	Easement Private Road	

## SECTION 6 – Site plan requirements

**A site plan and legal description of the lot or parcel must be attached to this application. All setback measurements should be measured from the edge of the overhang, if any, to the nearest point on the adjacent property line. Property lines and structures must be flagged for inspection adjacent to the construction area. The following information must be included on the site plan:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Dimensions of parcel with front (roadside), rear, left &amp; right sides clearly labeled</li> <li>2. Location &amp; dimensions of existing &amp; proposed structures</li> <li>3. Setback measurements of existing &amp; proposed structures</li> </ol> | <ol style="list-style-type: none"> <li>4. Location &amp; dimensions of existing &amp; proposed easements or driveways</li> <li>5. Location &amp; name of nearest public/private road</li> <li>6. Location of well, septic and fuel tank, if any.</li> <li>7. North directional arrow</li> </ol> |
|--|---|

## SECTION 7 – Answer the following questions: attached additional pages as needed

1. Is the physical address of the parcel marked at the site? \_\_\_\_\_
2. Does the driveway have at least 12 foot of width and overhead clearance? \_\_\_\_\_
3. Are there deed restrictions on the site that you need to be aware of? \_\_\_\_\_
4. Have there been any previous known zoning violations on this parcel? \_\_\_\_ If yes, describe \_\_\_\_\_
5. Have any variances been granted for this parcel? \_\_\_\_\_
6. Is this a residential parcel adjacent to agriculturally zoned land? \_\_\_\_\_
7. Circle all environmentally sensitive characteristics existing on the lot or parcel:  
Not Applicable    Wetland    Steep Slope    Inland Lake or Stream Shoreline

Application is hereby made for a permit to authorize the proposed activity described herein. I understand that the granting of other permits by local, county, state or federal agencies, does not release the property owner from the requirement of obtaining the permit requested hereon before commencing the project. I understand that the granting of a Land Use Permit from Kasson Township does not exempt the property owner from obtaining other permits that may be required by county, state or federal agencies or complying with your existing deed restrictions.

With the granting of the permit for the above, it is agreed that such work will conform to state building codes, zoning and other ordinances of Kasson Township, and that said Township shall not be liable for any resulting damage. Under no condition does the granting of a Land Use Permit suggest that Kasson Township can provide emergency services to the permitted structure or building in the location permitted.

I certify that I am familiar with the information contained in the application, and that to the best of my knowledge and belief such information is true and accurate and in compliance with the Kasson Township Zoning Ordinance. I certify that I have the authority to undertake the activities proposed in this application. By signing this application, I agree to allow a representative of Kasson Township to enter upon said property in order to inspect the proposed project.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:  
Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Fee Amount \_\_\_\_\_ Approved by \_\_\_\_\_