FIFE LAKE TOWNSHIP

134 Morgan Street – P.O. Box 87 Fife Lake, Michigan 49633

Phone: 231-879-3963 x 302 Fax: 231-879-3146 zoning@fifelaketwp.com

	APPLICATION FOR LAND USE PERMIT [page 1 of 2]						
ylu		[WARNING: THIS FORM IS NOT A LAND USE PERMIT]		міт]			
office use only	Property Owner:			Phone: (_)	= <u>=</u>	
office		Last Name	First Name				
	Owner Address:				_		
		Street # or P.O. Box	City	State		Zip	
	Project Address:		-	, MICHIGAN		49633	
		Street # / Street Name	City	State		Zip	
PARCE	EL ID #	Are prope	erty lines and buildi	ng site staked?	YES	NO	
Owner Email: [Circle One]						e One]	
IF USING	A CONTRACTOR PLEASE COMP	PLETE THIS SECTION					
Contra	actor Information:		/				
		[Company Name]		[Individual Name]			
Contra	actor Address:			,			
		Street # or P.O. Box	City	State		Zip	
Contra	actor Phone: ()		Email:				
SITE P	PLAN: All applications	must be accompanied by	y a (legible) site p	lan drawn to sc	ale on a	separate sheet	
	-	11-1/2" in size that demo		•	•		
-	•	nd proposed) with setback		-		-	
		accordance with all other Iministrator may require t					
		e with any Fife Lake Town					
	Minimum	Requirements for a Site Pla	an [Residential / Re	sidential Accesso	ry Use]		
		Site I	Plan Checklist				
□ Sho	w length(s) of all parce	l lines					
□ Sho	□ Show all known easements						
□ Show sizes of all existing and proposed structures (mark accordingly on site plan)							
□ Show setbacks to all existing and proposed structures from nearest property line(s)							
□ Show distances from all existing and proposed structures to all bodies of water (lake, river or stream)							
□ Sho	☐ Show elevation drawings (N/S/E/W) as appropriate to demonstrate compliance with maximum height requirements						
[*] c +	he project address / pr	operty located within 500' (f	five hundred) feet o	of a water hody?	VFC	NO	

[Circle One]

[*] If your project address / property is located within 500' (five hundred) feet of a body of water you are required to obtain a soil erosion permit from Grand Traverse County.

APPLICATION FOR LAND USE PERMIT [PAGE 2 OF 2]

	PROJECT DESCRIPTION (check all that apply)
Residential / Dwelling	New Comm. Construct	cionDeck
Residential Addition	Comm. Addition	Change of Use
Residential Accessory Bldg.	Comm. Accessory Bldg.	Other
If ' other ', please describe: Please describe (in detail) the propo		cture and/or land as applicable: [do not leave blank]
found not to be true, any zoning (Lanconditions and regulations provided issued is with the understanding all of Further, I agree to notify the Zoning and when locations of proposed use. Lake Township, the County, and the purposes of inspection. Finally, I un	nd Use) permit that may be issolvith any permit that may be issolved with any permit that may be issolved applicable sections of the Fife Administrator of Fife Lake Towns are marked on the ground. It is a State of Michigan to enter the derstand this is a [Land Use Power in the control of th	ein and attached to this application are true and if sued may be void. Further, I agree to comply with any issued. Further, I agree that the permit that may be Lake Township Zoning Ordinance will be complied with. whip for inspection before the start of construction Further, I agree to give permission for officials of Fife he property subject to this permit application for ermit] application, (not a permit), and that a Land Use any representation or conveyance of rights in any hts.
Signed:		Date:
☐ I am the owner☐ I am the 'agent' of the o [**] If an agent of the owner, please		ationship form.
Do No	ot Write Below This Line – For	Administrative Use Only
	Assigned Land Use Permit Date Application Received:	
Fee: \$	How Paid: □Cash □Chec	ck # Receipt #

Notes: