Peninsula Township Application for Land Use Permit and Required Materials

** All structures must meet setbacks & all structures of 25 square feet or greater require a Land Use Permit **

1. Parcel Tax # 28-11-_____-_____-_____. Parcel Zoning _____
2. Property Address _____
   (If an address has not been assigned it must be requested from the Grand Traverse County Equalization Dept.)
3. Proposed Project: _____
4. **Property Owner Information:**
   Name & Address: _____

   _____

   Phone Number: _____ Email: _____
5. **Applicant Information** (leave blank if same as above):
   Name & Address: _____

   _____

   Phone Number: _____ Email: _____
6. Fees – Based on approved fee schedule
7. Evidence of Ownership if not in Township Files. (Recorded Deed or Land Contract).
8. Calculations related to lot, existing, and proposed structures (will be confirmed by staff):
   a. _____ Area of the parcel excluding road rights-of-way. Measured to the Ordinary High Water Mark for shoreline properties.
   b. _____ Total square footage of existing building footprint(s). (Including roof overhangs, garages, accessory structures, porches, decks & patios not flush with the ground).
   c. _____ Calculated square footage of proposed building/structure footprint (see instructions on line b).
   d. _____ % of lot coverage (Line b & c divided by line a).
9. One (1) full set of construction plans for proposed structures including site plan, elevations, and overall height
10. Exterior light fixture detail (See Section 7.14 of the Zoning Ordinance).
11. Copy of Site Plan not greater than 11" x 17", drawn to scale showing the following:
    a. Property boundaries; Shoreline properties must show the Ordinary High Water Mark, and the Flood Elevation Line on a certified survey.
    b. All existing and proposed structures including decks and roof overhangs.
    c. Setbacks for existing and proposed structures; (Varies by zoning, see Section 6.8 of the Zoning Ordinance).
12. Complete set of Building Elevation (not greater than 11" x 17") drawn to scale.
13. PDR Property _____Yes _____No
    If Yes, Proposed Use & Section of PDR Agreement Where Allowed: _____
14. Waterfront Property _____Yes _____No
15. Health Department Permit for well and septic system (unless connected to a central sewer/water).
16. Soil & Erosion Permit from G.T. County Soil Erosion - Sedimentation Office.
17. Driveway Permit from County Road Commission or M.D.O.T.
18. Written approval for construction from the Association's Architectural Committee (if applicable).

The following may be required to receive a permit:

_____ Property boundaries to be located and marked by a registered land surveyor (if property corners are not marked). **Include Ordinary High Water Mark and Flood Plain Elevation).**

_____ DNR permit for wetlands or critical erosion areas.

_____ Zoning Board of Appeals approval for filling within the Flood Plain, Extension of a non-conforming structure or Dimensional Variance. (See Planning & Zoning Department for requirements).

_____ Storm Water Review **(for properties within 500 ft. of OHWM)** $800 additional fee. (See Planning & Zoning Department for requirements).

AFFIDAVIT and permission for township, county and state officials to enter the property for inspections:
I acknowledge and agree that the information provided with this application, including the information provided above and that information attached hereto will be relied upon by the township, its officials and employees in determining compliance with the Township's Zoning Ordinance. I agree the statements made above are true, and if found not to be true, this application and any approval will be void. Further, I agree to comply with the conditions and regulation provided with this application, including any conditions of approval. Further, I agree to give permission for officials of Peninsula Township, Grand Traverse County and the State of Michigan to enter the property where this land use is proposed for the purpose of inspection.

LUP applications will not be reviewed or accepted for final decision until ALL APPLICABLE information and fees are received by the zoning department to complete the application. The application is considered complete when all applicable lines have been checked off with a date stamp.

_____

Property Owner Signature
Required unless a letter of authorization is submitted

_____

Property Owner Name (Printed)

_____

Date

_____

Applicant Signature (if different)

_____

Applicant Name (Printed)

_____

Date