

**MAPLE FOREST TOWNSHIP  
RESIDENTIAL ZONING PERMIT APPLICATION**

2520 West Marker Road  
Grayling, MI 49738  
989-348-5794

**INSTRUCTIONS**

This is a **legal document**. Please be as neat and accurate as possible. This will shorten the process by eliminating call backs and mistakes. Make sure to show the North direction on your diagram.

**Site Plan:**

On the last page, show the boundaries, sizes of the premises, locations, and footage from all four lot lines to all existing and proposed buildings or structures to be erected or altered, in addition show the size and location of any driveways, access roads and/or parking lots. Attach additional pages if necessary. Site plans must contain all of the information required in the Maple Forest Township Zoning Ordinance.

1. The location of any wet lands, ponds, creeks, lakes etc., parcel(s), lot(s) or acreage on or within 200 feet of property.
2. The location, shape, area and dimensions for the parcel(s), lot(s) or acreage, and all existing improvements on the lot or parcel.
3. The location of the proposed construction upon the parcel(s), lot(s) or acreage affected.
4. The dimensions and height of all structures as well as the distance to property lines.
5. The nature of the proposed construction, alteration, or repair and the **intended use**.
6. The present use of any structure affected by the construction or alteration.
7. Show all easements on the property and attached copies of the easements description from your deed.
8. Show all roads that front on the property and where the driveway is.
9. All documents that may be relevant to what you are requesting.
10. Any other information deemed necessary by the Zoning Administrator to determine and provide for the enforcement of this Ordinance. If the information included in and with the application is in compliance with these requirements, and all other provisions of this ordinance, the Zoning Administrator shall issue a Zoning Permit upon payment of the required **\$50.00** Zoning Permit fee, payable to Maple Forest Township.
11. The signature of the contractor and or the property owners.

**NOTE: NO CONSTRUCTION CAN BE STARTED UNTIL ALL RELEVANT PERMITS ARE ISSUED.**

## Residential Zoning Permit Application

### ZONING PERMIT APPROVAL IS REQUIRED TO OBTAIN A BUILDING PERMIT

This application must be completed in full and approved by the Township Zoning Administrator before beginning any construction, excavation or use regulated by the Maple Forest Township Zoning Ordinance.

#### Proposed Request:

Application is hereby made to: ( ) use, ( ) erect, ( ) repair, ( ) remodel, ( ) extend a current structure located at:

\_\_\_\_\_  
(Street Address)

( ) Residence, ( ) Seasonal Residence, ( ) Commercial, ( ) Other Use: \_\_\_\_\_

#### Present Zoning District:

\_\_\_\_\_

#### Present Use of the Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Property Information:

Maple Forest Township T\_\_\_\_\_, R\_\_\_\_\_, Section\_\_\_\_\_

Property Tax ID#: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Legal Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_



**Property Owner Information:** *(if different from applicant.)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**Affidavit:**

I certify and affirm that I am the property or building owner or the owner's authorized agent and that I agree to conform to applicable zoning laws of Maple Forest Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Zoning Administrator Use:**

Fee paid: \_\_\_\_\_ Date \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved with conditions: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

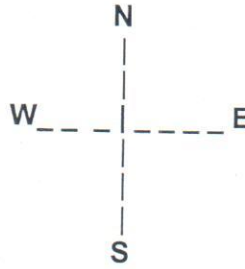
Application Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_



**Voiding of Permit:** Any Zoning Permit granted under this Article, shall be null and void, unless a building permit is obtained and construction shall have commenced within one (1) year from the date of granting the permit. The Zoning Administrator shall notify the holder of the permit at least thirty (30) days prior to the expiration of the one (1) year period before violation or termination of the zoning permit is actually declared. The Zoning Administrator may suspend or revoke a Permit issued in error or, on a basis of incorrect information, supplied by the applicant or his agent or, in violation of any of the ordinances or regulations of the Township.