

# GREENWOOD TOWNSHIP

## ZONING APPLICATION FOR A USE PERMITTED BY RIGHT

DATE \_\_\_\_\_

OWNER \_\_\_\_\_ BUILDER / CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY TAX # \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS OF BUILDING SITE \_\_\_\_\_

NEAREST MAJOR CROSS RD. \_\_\_\_\_

TYPE OF IMPROVEMENT		PROPOSED USE	
DWELLING	ACCESSORY BUILDING	RESIDENTIAL	NON-RESIDENTIAL
NEW BUILDING	GARAGE	ONE FAMILY	COMMERCIAL
ADDITION	SHED	TWO FAMILY	INDUSTRIAL
PORCH/DECK	POLE BARN	MULTI-FAMILY	P.U.D.
BREEZEWAY	OTHER _____	OTHER _____	

DWELLING AFTER IMPROVEMENT		ACCESSORY SIZE	SET BACKS
TOTAL SQ. FT		TOTAL SQ.FT.	FRONT
STORIES	HEIGHT-MAX 35'	HEIGHT-MAX 20'	REAR
LENGTH	WIDTH	LENGTH	LEFT
		WIDTH	RIGHT

THE ZONING APPROVAL CERTIFICATE WILL NOT BE ISSUED UNTIL THE SITE HAS BEEN INSPECTED AND MEETS ZONING ORDINANCE REQUIREMENTS. A LAND SURVEY, BY A LICENSED SURVEYOR, MAY BE REQUIRED IF THE LOT LINES ARE NOT CLEARLY DEFINED.

I, the undersigned, give permission for the members of the Greenwood Township Planning and Zoning Commission, Zoning Board of Appeals, and/or the Zoning Administrator to enter the above listed property to make the necessary inspections pertaining to this application. I further understand the approval is issued on the express condition that all work shall conform to this application and be done in accordance with the building, health, zoning, DNR/DEQ, and other applicable local and state permits and ordinances.

**Processing Fee \$50.00 with Application**

**CHECKS PAYABLE TO GREENWOOD TOWNSHIP**  
**(989)786-7872 4030 Williams Rd. LEWISTON, MI. 49756**

\_\_\_\_\_  
Signature of Owner / Agent      Date

### TOWNSHIP USE ONLY

ZONING DISTRICT			APPLICATION CONFORM TO ORDINANCE	YES	NO	
USE PERMITTED BY RIGHT	YES	NO	CERTIFICATE ISSUED	YES	NO	NUMBER _____
SPECIAL USE PERMIT	YES	NO	IF NO EXPLAIN:	_____		
BOARD OF APPEALS	YES	NO		_____		
SITE INSPECTION DATE	_____			_____		
TOTAL MILEAGE	_____			_____		

ZONING ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

**OVER**

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Make a drawing, showing the lot lines, the proposed structure with the distance from the front, rear and side lot lines, the location of well and septic with the distance between the well and septic system. The location of all existing structures, the size of each structure and the distance between each structure. If the proposed structure is a dwelling show a floor plan of each level of the structure, including basement. Please indicate NORTH.

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