

ARCADIA TOWNSHIP

(Manistee County)

Arcadia, Michigan 49613

FEE

NO.

Zoning - Land Use Application

Date: _____

Property Owners Name & Address

Phone (____) _____

Applicant - If Not Property Owner

Phone (____) _____

Building (Construction) Location

Section _____

Parcel size

Size of Building/Structure

Value

Proposed Building/Structure Land Use

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, this zoning permit may be revoked. Further, I agree this permit is issued with the understanding the conditions and regulations given in Part 2 below, and any other applicable sections of the Arcadia Township Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator named below for inspection before the start of construction when locations of proposed uses are marked on the ground. Further, I understand this is a zoning permit which conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed _____ Date _____

Zoning Classification of Proposed Construction Site _____

Minimum Land Area Requirements (Square Feet or Acres) _____

Minimum Set Backs - Front Yard _____ Side Yards _____ Rear Yard _____

Site Plan Required - Yes _____ (Attached) (Yes - No) No _____

Property Number 51-01 _____ T24N-R 16 W

Permit Valid for 2 Years if Started Within One Year of Application

Approved _____ Not Approved _____ Reason _____

Other Zoning Requirements

Zoning Administrator _____ Date _____

THIS FORM MUST BE COMPLETED BEFORE BUILDING PERMIT CAN BE ISSUED