

APPLICATION FOR LAND USE PERMIT

COHOCTAH TOWNSHIP

Land Use No. _____

Fee _____

DELIVER TO: COHOCTAH TOWNSHIP HALL 10518 ANTCLIFF RD

MAIL TO: COHOCTAH TOWNSHIP 6950 OWOSSO RD, FOWLERVILLE, MI 48836

LAND USE PERMIT FEES (accepted in check or cash only)

Residential.....\$40.00

Commercial/Industrial.....\$150.00 + \$3,000.00 (toward 3% inspection fee)

OWNER _____ DATE _____

ADDRESS _____ City _____ Zip _____

TAX ID NUMBER _____ PHONE _____

Contractor (if applicable) _____ Address _____

City _____ Zip _____ Phone _____

Site Address _____ Nearest Crossroads _____

Size of lot: Front _____ Rear _____ Side _____ Side _____ Acres _____

Zoning District _____

Type of construction: _____ ***Check if structure is located in a flood plain** _____

Principal Structure

____ New Single Family ____ Addition ____ Attached Garage ____ Other

Accessory Structure

____ Detached Garage, Shed, or Pole Barn ____ Deck ____ Fence ____ Pool/Hot Tub ____ Sign ____ Other

Foundation: ____ Basement ____ Crawlspace ____ Slab ____ Posts ____ Other

Size of structure: Width _____ Length _____ Height _____

Square feet: 1st Floor _____ 2nd Floor _____ 3rd Floor _____

Structure setback (feet from property line): Front _____ Rear _____ Side _____ Side _____

____ Attach a drawing showing the following: dimensions of property, all roads adjacent to property, easements, wetlands, lakes and streams, all structures, existing or proposed wells, septic tanks and fields, dimensions of structures to property lines, dimensions of proposed structure including height.

____ Attach two sets of construction plans, plus one site plan.

____ Attach document verifying proof of ownership (i.e. tax bill, property transfer affidavit, deed)

NOTICE: Applications in the settlement districts must go before the Planning Commission

(meets the 1st Thursday of every month)

After obtaining a Land Use Permit, you must contact the Livingston County Building Department (517-546-3240) to pull a building permit. You may be required to obtain permits from the following: Health Department (517-546-9850), Drain Commission (517-546-0040), Road Commission (517-546-4250) and any other applicable permits.

NOTICE: PLEASE READ AND INITIAL EACH

- ____ 1. Land use Permit shall be null and void if proposed development does not have its first inspection within one (1) year.
- ____ 2. Applicant shall notify Zoning Administrator at time of staking out foundation, then after digging but before pouring foundation, and again/or for compliance with Site Plan including driveways, screening, fencing, parking areas, signs, etc. as applicable. ***FAILURE TO DO SO WILL AUTOMATICALLY CANCEL YOUR LAND USE PERMIT REQUIRING YOU TO REAPPLY. A CANCELLED LAND USE PERMIT AUTOMATICALLY CANCELS COUNTY BUILDING PERMITS (21.04E5)!**
- ____ 3. Applicant shall notify Zoning Administrator when construction is ready for final inspection for issuance of **CERTIFICATE OF COMPLIANCE. A CERTIFICATE OF COMPLIANCE MUST BE OBTAINED BEFORE THE LIVINGSTON COUNTY BUILDING DEPARTMENT WILL ISSUE A CERTIFICATE OF OCCUPANCY ON NEW RESIDENCES, BUILD-OUT ADDITIONS, OR COMMERCIAL.**
- ____ 4. The Zoning Administrator may suspend or revoke a permit issued in error or on the basis of incorrect information supplied by the applicant or agent or in the event of violation of any of the ordinances or regulations of the Township.

I hereby certify that all information attached to this application is true and accurate to the best of my knowledge. I certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application and agree to conform to all applicable ordinances of Cohoctah Township. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.

Authorized Applicant Signature _____ **Printed Name** _____

*****If not property owner, attach a copy of signed authorization*****

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TOWNSHIP USE ONLY

Zoning Administrator _____ **Date** _____ **Phone No.** _____

____ **Approved** _____ **Disapproved** _____ **Comments** _____
