

Winfield Township Zoning Compliance Permit

D/L or State ID No. of Applicant _____

Permit # _____

Agent / Applicant Name: (last)		(first)			
Address: (street)		(city)	(state)	(zip)	
Phone:	Alt. Phone:	email:			
Property Address: (street)			Parcel #		
Owner Name: (last)		(first)			
Address: (street)		(city)	(state)	(zip)	
Phone:	Alt. Phone	email			
Agent Fax:	Owner Fax:				
Submit Permit to:					
Dave Kelsey, Zoning Administrator				Permit Fee: \$50	
811 Coolidge Rd					
Six Lakes, Mi 48886					
(989) 289-2268					

Building Project Information

(check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> -New Home Construction | <input type="checkbox"/> -Post Frame Bldg. (AG) | <input type="checkbox"/> -In-Ground Pool |
| <input type="checkbox"/> -Manufactured Home Install | <input type="checkbox"/> -Post Frame Bldg. (Residential) | <input type="checkbox"/> -Shed / Accessory Bldg. |
| <input type="checkbox"/> -Modular Install | <input type="checkbox"/> -Attached Garage | <input type="checkbox"/> -Temporary Permit |
| <input type="checkbox"/> -Mobile Home Install | <input type="checkbox"/> -Unattached Garage | <input type="checkbox"/> -Other (describe) _____ |
| <input type="checkbox"/> -Addition (Home/Accessory) | <input type="checkbox"/> -Lake Front Property _____ | |

Zoning District _____ Floor Area of Dwelling _____ Sq. Feet Floor Area of Accessory Building(s) _____ Sq. Feet

Include a legible sketch (to scale) on a separate sheet of 8½ x11 or 11x17 paper that shows sufficient details indicating property size, location, dimensions, including height, of proposed and existing buildings with all setbacks from property lines and distances between buildings, including any easements. Also, show the location of well and septic. (Include a NORTH-pointing arrow on your sketch) ▲ ↑

Special Requests (separate fee schedule applies)

- Special Land Use
 -Zoning Board of Appeals
 -Variance Request
 -Other
- The Zoning Administrator will provide specific instructions related to Special Requests

I hereby attest that the information on and provided with this application is, to the best of my knowledge, true and accurate and that I intend to comply fully with all ordinances and regulations of Winfield Township, Montcalm County, Michigan and any other applicable agencies. I hereby grant permission for the Winfield Township Zoning Administrator (and / or) any person designated by the Winfield Township Zoning Administrator to enter the above described property (or as described on the attached drawing, sketch or copy) until such time as a final Occupancy Permit is issued for the purposes of ensuring compliance with the requirements of the Winfield Township Zoning Ordinance as related to this application.

This permit will be valid for a period not to exceed one (1) year from date of issue provided the above named party complies with the provisions of any and all ordinances in force at the time of issuance. If no work is commenced within six (6) months from the date of issuance, this permit shall expire. It shall be renewable upon re-application and upon payment of the original application fee, subject, however, to the provisions of all ordinances in effect at the time of re-issue.

Signature of Applicant _____ Date _____

Do Not Write Below This Line

The requested Zoning Compliance Permit is: GRANTED / DENIED _____

Fee Paid \$ _____

Zoning Administrator Signature _____ Date _____

for the following reason(s): _____

