

ROCK RIVER TOWNSHIP

Attention: Zoning Administrator

P.O. Box 195

Chatham, MI 49816

rockriverzoning@gmail.com

Office Use Only

Zoning District: _____

Permit #: _____

APPLICATION FOR:

(Check all that apply or leave blank if unknown)

____ Zoning Compliance Permit

____ Variance

____ Commercial Zoning Permit

____ Conditional Use Permit

____ Request for Zoning Amendment

____ Other:

General Instructions:

- Please print legibly or type.
- Attach additional sheets if necessary.
- Your application cannot be accepted until it is complete and accompanied by the necessary fee.

1. Owner Information:

Owner of Property: _____

Owner's Complete Mailing Address: _____

Building Site Address: _____

Owner's Phone Number: _____ Owner's Cell Number: _____

Owner's Email Address: _____

2. The Applicant hereby applies for a Certificate of Zoning Approval for the property located as follows (Tax Identification/Parcel Number and Legal Description may be found on your tax bill):

Tax Identification/Parcel Number: 02-008- _____ - _____ - _____

Complete Legal Description: T _____ N, R _____ W, Section _____

OR (if applicable) – Plat Name and Lot #: _____ Address: _____

3. Intended Home Occupation (if applicable): _____

4. Additional Required Parcel or Lot Information:

Total Parcel or Lot Size (Parcel = Acres; Lot = Square Feet): _____

Road Frontage: _____ Feet Parcel/Lot Depth: _____ Feet

Total Number of Buildings – Current: _____ Proposed – New: _____

Total Floor Area (Square Feet) – Current: _____ Proposed – New: _____

Setbacks for Proposed Building (Feet from Building to each Lot Line):

Front Lot Line: _____ Feet Side Lot Line: _____ Feet Back Lot Line: _____ Feet

5. Additional Parcel or Lot Information – Required only if relevant to proposed building:

Accessory Building Area (square feet): _____ Off Street Parking (# of cars): _____

6. Use for Proposed Building:

7. Proposed Construction:

- Single Family Dwelling: _____ x _____ Square Feet: _____
- Addition to Single Family Dwelling: _____ x _____ Square Feet: _____
- Use of Addition to Single Family Dwelling (example: bath, kitchen, etc.): _____
- Mobile Home or Sectional: _____ x _____
- Garage/Pole Barn: _____ x _____ feet Height at Peak: _____ feet
- Commercial (proposed use): _____ Size: _____ x _____ feet
- Addition to Commercial Building (use): _____ Size: _____ x _____ feet
- Other (specify use): _____ Size: _____ x _____ feet
- Sign: Size: _____ Message Text: _____

8. Lot Diagram:

All applications for Certificates of Zoning Approval MUST be accompanied by a blue-print or pen and ink sketch (Lot Diagram) including the following locations and dimensions (as they exist or are proposed). The Lot Diagram should be drawn to scale on a separate sheet and attached to this application.

Lot Diagram requirements:

- All property lines
- Locations of all buildings (including proposed building)
- Location and type of sewage disposal system
- Location of water supply facilities
- All Lot line setbacks
- An arrow indicating the North direction
- Relevant street name(s)

9. Authorization:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application. I further certify that the information contained in this application together with any attached exhibits or supplemental information is true and correct. The applicant shall further agree that neither the applicant or applicant's successor will sell, convey, or otherwise dispose of any land surrounding a structure if such transaction will result in the structure being left on a lot which fails to meet the requirements set forth in the Rock River Township Zoning Ordinance.

Owner's Signature: _____ Date: _____

10. Fees (Fee is required and must accompany the application.)

Make checks payable to: Rock River Township

- Residential/Agricultural Building: \$50.00
- Commercial/Industrial Building: \$500.00
- Conditional Use Permit: \$500.00
- Variance: \$500.00
- Zoning Amendment: \$500.00

11. Return completed application along with the required fee to Rock River Township Zoning Administrator, Mark Maki to the address above or to the Township Office during designated hours.

If you have any questions regarding this application or the application process, please contact the Zoning Administrator directly at rockriverzoning@gmail.com

12. All Vacation Rental Applications must provide an approved Certificate of Occupancy issued by the Alger County Building Codes after conditional use has been granted but before final approval of permit and renting can begin.

OFFICE USE ONLY

Application for: _____
is hereby APPROVED: _____ DENIED: _____ in accordance with the provisions of the Rock River Township Zoning Ordinance, as adopted, subject to the following conditions and restrictions:

Mark Maki, Zoning Administrator: _____ Date: _____