

# Charter Township of AuSable

No. 2

311 Fifth Street  
AuSable, Michigan 48750

Telephone: (989) 739-9169 / Fax: (989) 739-0696  
E-mail: hall@ausabletownship.net Website: www.ausabletownship.net

## ZONING PERMIT APPLICATION – COMMERCIAL/RESIDENTIAL (DEMOLITION: BUILDING, HOUSE, DRIVWAY, DECK/PORCH) Use Permitted by Right or Special Land Uses

This application is used for all commercial/residential plot plan applications except for fence and sign permits which have their own application form. Applications will be processed within five (5) working days (schedule and workload permitting). The Zoning Ordinance is available on the Township's website [www.ausabletownship.net](http://www.ausabletownship.net).

Fee Paid \$20.00  (check)

Owner and Address of Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number of Owner:

Residence: \_\_\_\_\_

Work place: \_\_\_\_\_

Cell: \_\_\_\_\_

Owner Mailing Address:  
(If different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Applicant:  
(If different than owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

### FOR TOWNSHIP USE ONLY

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_

Complete Application Received (date): \_\_\_\_\_

\_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

\_\_\_\_\_

Zoned: \_\_\_\_\_

\_\_\_\_\_

Fee Received: \_\_\_\_\_

\_\_\_\_\_

Fee Receipt Number: \_\_\_\_\_

\_\_\_\_\_

Action taken on \_\_\_\_\_ (date):

\_\_\_\_\_

(Circle below as appropriate)

Approved  
Plot Plan

Approved  
Plot Plan with Conditions

Denied  
Plot Plan

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

**ZONING PERMIT APPLICATION – COMMERCIAL/RESIDENTIAL**

**Requirements:**

- Complete all application sections including Plot Plan Drawing.
- Signature in all designated locations.
- Owner’s signature when the applicant is not the owner, is required.
- Property staking completed.

**Application Activity** (Check all that apply)

<input type="checkbox"/> New Home or structure	<input type="checkbox"/> Deck/Porch
<input type="checkbox"/> Addition to: _____	<input type="checkbox"/> Demolition
<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Driveway	

**Additional Submittals** (If Applicable)

- Sanitary sewer or septic approval
  - Either a copy of the approved septic permit from the District Health Department or a copy of the hook-up fee receipt to Township sewer service.
- Water supply approval
  - Either a copy of the approved form to construct a well from the District Health Department or a copy of the hook-up fee receipt to Township water service.
- A complete set of drawings and plans for proposed new construction.
- DEQ Permit (if applicable)
- For driveways a County Road Commission permit or MDOT for US 23

**Application Information**

Structure(s) must be of similar quality with principal dwelling (color, siding type, roof color, etc.)

Structure #1, consisting of \_\_\_\_\_

_____ feet from front lot line	_____ feet from left side lot line	_____ stories
_____ feet from rear lot line	_____ feet from right side of lot line	_____ roof pitch
_____ square feet of gross floor area	_____ feet in height	
_____ feet in length	_____ feet in width	

Structure #2, consisting of \_\_\_\_\_

_____ feet from front lot line	_____ feet from left side lot line	_____ stories
_____ feet from rear lot line	_____ feet from right side of lot line	_____ roof pitch
_____ square feet of gross floor area	_____ feet in height	
_____ feet in length	_____ feet in width	

**PART 5: AFFIDAVIT**

I (we) the undersigned affirm that the foregoing answers, statements, and information are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the approval applied for, if granted is issued on the representations made herein and that any permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance.

\_\_\_\_\_

\_\_\_\_\_

Applicant signature(s)                      Date

\_\_\_\_\_

\_\_\_\_\_

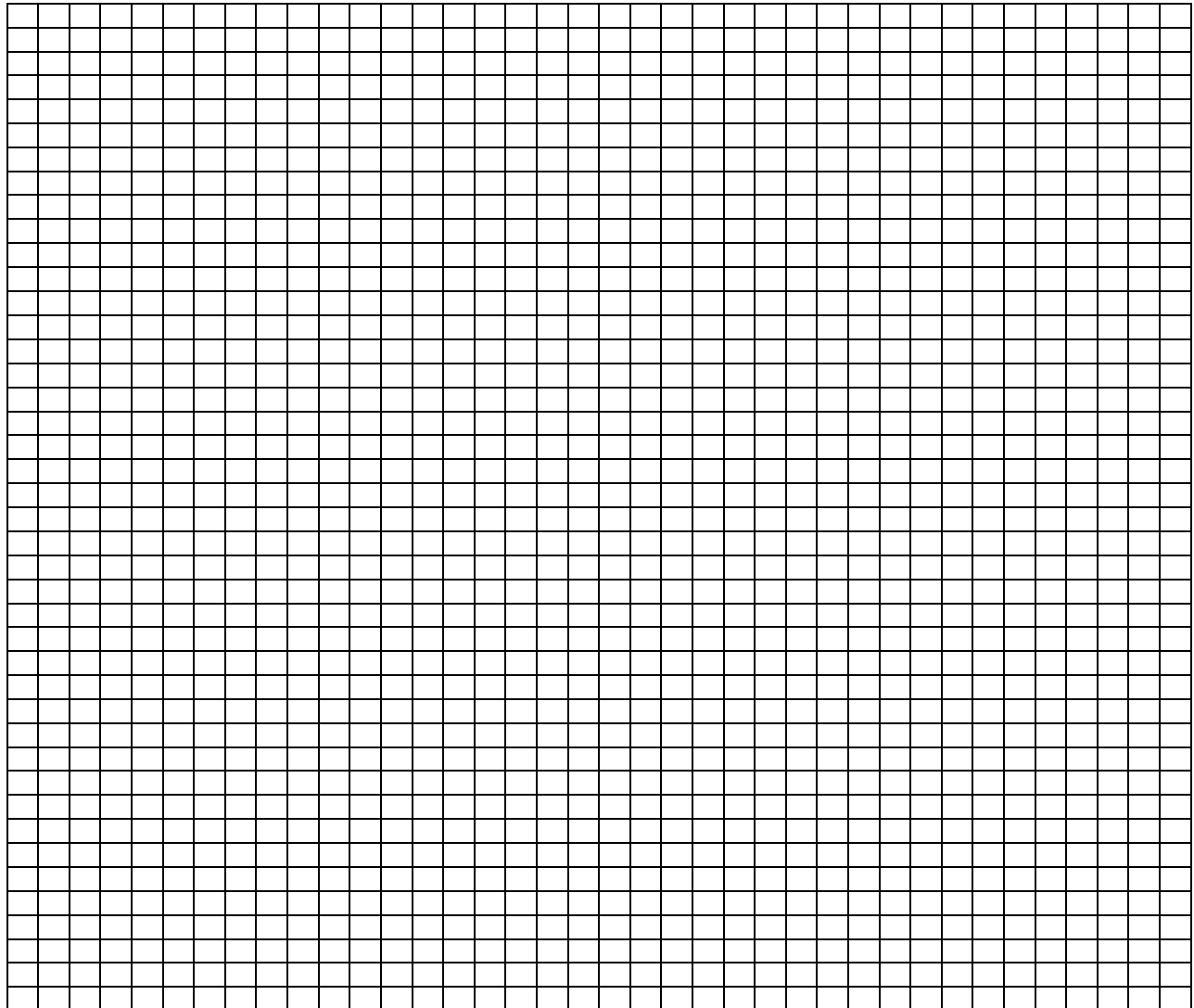
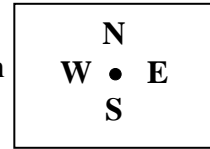
Property Owner’s signature(s)                      Date

# COMMERCIAL/ RESIDENTIAL PLOT PLAN DRAWING

Drawing must include:

An accurate, readable, **scaled drawing** is required showing the following:

- The shape, area and dimension of the property
- The location and dimensions of all existing and/or proposed structures to be erected, altered or moved on property
- Set backs of all existing and/or proposed structures from all lot lines and dimensions from each other
- Location of any septic system, drain field and well
- Configuration of the driveway and parking, if applicable
- Abutting roads noted
- Attach drawings including layout and elevations for new construction



## APPLICANT CERTIFICATION

“I certify the above drawing prepared above accurately reflects the subject property as surveyed including the height, size, and setback locations of proposed signs.”

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Zoning Administrator

\_\_\_\_\_  
Date