SANILAC TOWNSHIP SITE PLAN REQUIREMENTS

Each Site Plan must include:

• A complete drawing of the footprint of all existing structures and features, including their dimensions (width, length & height) and positioning on the property from all lot lines. (front, side & rear)

The sketch should also include the location of any/all fences, sheds, garages, pole barns, decks, pools, ponds, and the location of the driveway (width and length).

- The well and the septic field should be defined on the site plan and a copy of the County permits should be attached.
- Any other permits, including soil erosion, DNR, and DEQ (where applicable) must be attached to the Land Use Permit.
- Easements should be clearly defined on the site plan.
- All measurements should be taken from existing survey monuments. Measurements regarding the front of the property should be taken from the front lot line.
- If available, a current survey attached to the Land Use Application would expedite application process.

<u>Please Include:</u> Total parcel size either in feet or acreage. Property I.D. Number— Tax I.D.

- Each site plan must be completed on graph paper and drawn to scale.
- The site plan must accompany the completed Land Use Application.

The Zoning Administrator may visit the site to verify the information included on the Land Use Application and the site plan. The site visit would be conducted during normal Township business hours.

Owner:

| Address: Property Tax | SANILAC TOWNSHIP LAND USE PERMIT APPLICATION Fee Permit No. |
|--|---|
| - | Date: Zoned Property Tax I.D.#: Building Site Address: |
| Phone: | |
| | Parcel/Lot Size: |
| Contractor: | (In acres or square feet) |
| Contractor Pl | ione: |
| Use: | Agriculture Commercial Industrial LFRRR Residential** |
| Project: | New Addition Alteration Demolition Relocated Building |
| - | Accessory BuildingAttached Un-attached Garage Shed Pole Barn |
| ** | Primary Residence Pre-Manufactured Mobile Home Cabin Cottage (LFRRR District ONLY) |
| Land Land Land Land Land Land Land Land | Other Deck Fence [*] Pond Porch Sign Swimming Pool Features: within 500 ft, of_Lake River Stream Drain Bluff High-risk SepticWellSoil Erosion ₁ DNRE(DEQ/DNR) ₂ Corps of Engineer ₃ |
| Permits Required. PROJECT DESCRIPTION | |
| 5 | Dimensions: Project Height: Project TOTAL sq, Ft.: lease fill in or check the appropriate areas: |
| 1 | I-Story sq. Ft. Bed Rooms Bath Rooms 2-Story sq. Ft. Bed Rooms Bath Rooms |
| - | Basement Block/Wood/Concrete Crawlspace Slab Walk Out Finished Brick Siding Alum/Vinyl Other |
| | Heat Gas F/O Elec. A/C Fireplace Outdoor Burner_Other |
| Estimated C | ost \$Projected start Date Projected completion Date |

Please be advised that this PERMIT is active for <u>ONE YEAR</u> only renewal may be approved with the proper request

- Site Plan: ATTACH a diagram of the proposed structure, location of structure on the lot, the distance to the front, side and rear lot lines, All existing buildings, utilities, septic and the well. All other defining features must be noted on the SITE PLAN. The Zoning Administrator must approve any/all changes.
- Inspection: To verify compliance with this permit, it may be necessary for the Zoning Administrator or his/her agent to enter the premises at reasonable times to certify the information contained in this permit until} a certificate of occupancy is issued.
 - NOTICE: The approval issued with this document is for zoning or land use, indicating the municipality's approval of the proposed use of the property. It is mandatory that you apply for a Building Permit from the Sanilac County Department of Construction, 60 W. Sanilac Sandusky, M] (810)648-4664, Your local approval (Land use Permit) as well as any/all permits issued must accompany your building permit application along with two sets of plans.

Owner/Agent* Signature_

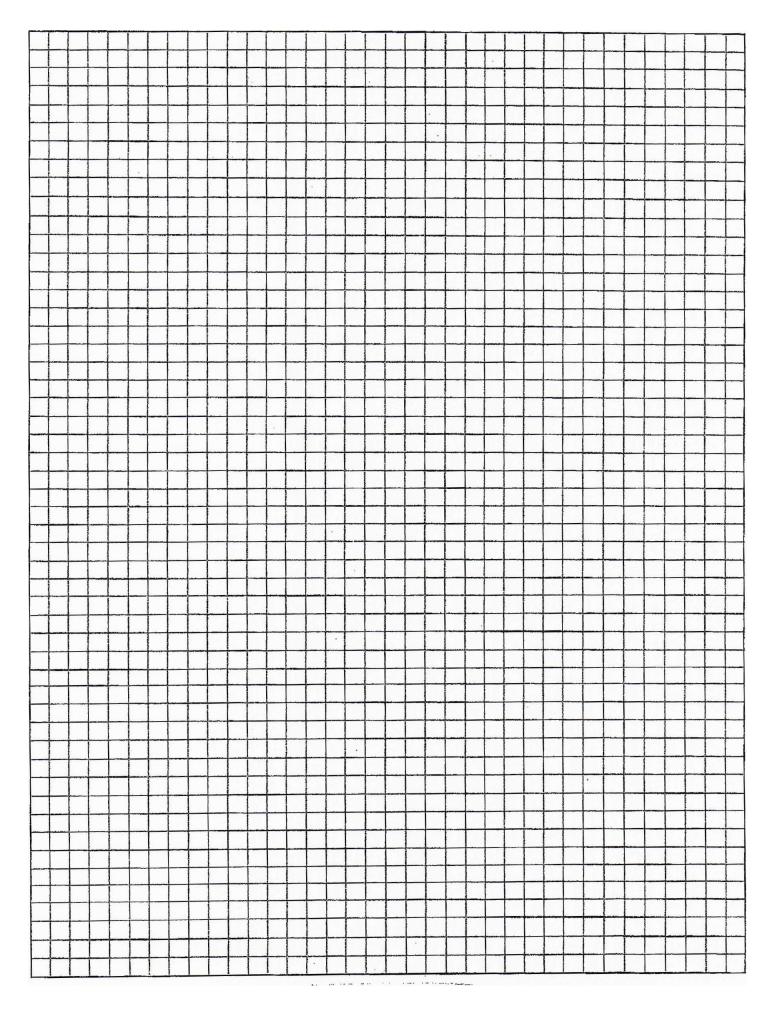
•if signed by an Agent, must have permission from owner attached to application

| Zoning | Administrator |
|--------|---------------|
|--------|---------------|

Date

APPROVED / DENIED

This permit Is approved conditioned upon compliance with existing Township Zoning and Fence ordinances. The Township makes no representations regarding compliance with other local, state, federal laws or other {legal requirements. This permit is revocable for failure to comply with those requirements,



APPLICATION FOR AND PLAN EXAMINATION

Sanilac County

Department of Construction Soil Erosion & Sedimentation Control Agency 60 W. Sanilac Avenue, Room 210, Sandusky, MI 48471 Phone (810) 648-4664 Fax (810) 648-5110

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1, 11, 111, IV, V AND VI NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED

FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

| 1. PROJECT INFORMATION | | | | | | |
|----------------------------|---------------------|---------|----------|--------|-----------------|--|
| PROJECTNAME | | | | | | |
| | | | | | | |
| | VILLAGE | TOMSHIP | | COUNTY | ZIPCODE | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11. IDENTIFICATION | | | | | | |
| A. OWNER OR LESSEE | | | | | | |
| | | ADDRESS | | | | |
| | | | | | | |
| | | STATE | ZIP CODE | Т | ELEPHONE NUMBER | |
| | | | | | | |
| B. ARCHITECT OR ENGI | NEER | | | | | |
| | | ADDRESS | | | | |
| | | | | | | |
| | | STATE | ZP CODE | Т | ELEPHONE NUMBER | |
| | | | | | | |
| UCENSE NUMBER | | | | E | expiration DATE | |
| | | | | | | |
| C. CONTRACTOR | | | | | | |
| | | ADDRESS | | | | |
| | | | | | | |
| | | STATE | ZIP CODE | Т | ELEPHONE NUMBER | |
| | | | | | | |
| BUILDERS LICENSE NUMBER | | | | E | XPIRATION DATE | |
| | | | | | | |
| FEDERAL EMPLOYER ID NUMBER | OR REASON FOR EXEMP | TION | | | | |
| | | | | | | |
| WORKERS COMP INSURANCE | CARRIER OR REASON | FOR | | | | |
| EXEMPTION | | | | | | |

| MESC av1PLOYER NUMBER OR REASON FC | OR EXEMPTION | | | |
|--|-----------------|--|--------------------------------------|----------------------------------|
| III. TYPE OF IMPROVEMENT AND | PLAN REVIEW | | | |
| A. TYPE OF IMPROVEMENT | | | | |
| 1. NEW BUILDING 3. ALTER 2.0 ADDITION 4. | RATION 5 6. | DEMOLITION MOBILE HOME SET -UP | ÜFOUNDATION ONL 8. premanufacture | Y SPECIAL INSPECTION |
| B. REVIEW(S) TO BE PERFORM | MED | | | |
| BUILDING ELEC | CTRICAL | MECHANICAL | PLUMBING | ÜFOUNDATION |
| (Rev. 2/03) | | | | |
| rv. PROPOSED USE OF BUILDING | | | | |
| A. RESIDENTIAL | | | | |
| ONE FAMILY | DETACHED GARAC | E PERMIT FEE HOME/ADDI | : TION] | PLAN REVIEW |
| Two ontinone minine i | DECK/PORCH | - 200 String 50 | GARAGE | BOND |
| NO. OF UNITS | ADDITION | | OTHER | |
| ATTACHED GARAGE | OTHER | | TOTAL | |
| <u>Ü</u> L | DECKÆORCH | | | ADMN FEE |
| | | | | BOND |
| | | | | |
| B. NON-RESIDENTIAL | | | | |
| | | SERVICE STATION | | SCHOOL, LIBRARY. |
| | | HOSPITAL, INSTITUTIONAL | | EDUCATIONAL STORE, MERCANTILE |
| AMUSEMENT CHURCH, RELIGION | | OFFICE, BANK, PROFESSIONAL PUBLIC UTILITY | | ANKS, TOWERS |
| INDUSTRIAL | | - | | |
| PARKING GARAGE | | | | |
| NONRESIDENTIAL-DESCRIBE IN DETA HOSPITAL, ELEMENTARY SCHOOL, SE OFFICE BUILDING, OFFICE BUILDING A | CONDARY SCHOOL, | COLLEGE, PAROCHIAL SO | CHOOL, PARKING GARAGE | FOR DEPARTMENT STORE, RENTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| V. SELECTED CHARACTERISTICS OF F | BUILDING | | | |
| A. PRINCIPAL TYPE OF FRAME | | | | |
| 1 MASONRY WALL HEARING 2 | WOOD FRAME | 3 STRUCTURAL STEEL | 4. REINFORCED COL | NCRETE 5. OTHER |
| B. PRINCIPAL TYPE OF HEATING FUEL | | | | |
| 7. | | 8 | 9 | |
| | | | | |

| TYPE OF SEWAGE DISPOSAL | | | | | |
|---|--|---|--|--|----------------|
| PUBLIC OR PRIVATE COMPANY | 1: | 12 SEPTIC SYSTEM | | | |
| TYPE OF WATER SUPPLY | | | | | |
| PUBLIC OR PRIVATE CON-TANY | | | 14. PRIVATE WELL OR CISTE | RN | |
| . TYPE OF MECHANICAL | | | | | |
| 5. WILL THERE BE AIR ONDITIONING? | | 16. WII | L THERE BE FIRE SUPPRESS | ION? | |
| . DIMENSIONS/DATA | | | | | |
| 7. NUMBER OF STORIES | 21 FLO | OR AREA, | EXISTING ALTER | RATIONS | |
| 1 S 8. USE GROUPGARAGE DECKNORC | Γ & 2ND FLOOR | Basement | | | |
| JMBER OF OCCUPANTS | _ | 19 CONSTRUCTIO TOTAL AREA | ON TYPE | ADDITION | |
| ENCLOSED | | 23. OUTDOORS | | | |
| ENCLOSED VI. APPLICANT INFORMATIO APPLICANT IS RESPONSIBLE FOR | N OF ALL FEES AND CHA | | PPLICATION AND MUSTPROV TELEPHONE | | TION |
| VI. APPLICANT INFORMATIO | | | | | TION |
| VI. APPLICANT INFORMATIO | | RGES APPLICABLE TO A | TELEPHONE | | TION |
| VI. APPLICANT INFORMATIO | OF ALL FEES AND CHA E PROPOSED WORK IS AUTHO IS APPLICATION AS HIS/HER | RGES APPLICABLE TO AI Alter RIZED BY THE OWNER O AUTHORIZED AGENT, AN | TELEPHONE SLATE rnate Phone Number F RECORD AND THAT 1 I ND WE AGREE TO CONFO | ZPCTE HAVE BEEN AUTHORIZ DRM TO ALL APPLICAE | ED LE |
| APPLICANT IS RESPONSIBLE FOR Alternate Contact 1 HEREBY CERTIFY THAT THE BY THE OWNER TO MAKE TH LAWS OF THE STATE OF MIC KNOWLEDGE. | OF ALL FEES AND CHA E PROPOSED WORK IS AUTHO IS APPLICATION AS HIS/HER | RGES APPLICABLE TO AI Alter RIZED BY THE OWNER O AUTHORIZED AGENT, AN SUBMITTED ON THIS AI 230, MCL 125.1523A, prohib | TELEPHONE SLATE rnate Phone Number F RECORD AND THAT 1 I ND WE AGREE TO CONFO PPLICATION IS ACCURA | ZPCTE HAVE BEEN AUTHORIZ DRM TO ALL APPLICAE TE TO THE BEST OF 1 to circumvent the licensing | ED LE MY |
| VI. APPLICANT INFORMATIO APPLICANT IS RESPONSIBLE FOR Alternate Contact 1 HEREBY CERTIFY THAT THE BY THE OWNER TO MAKE TH LAWS OF THE STATE OF MIC KNOWLEDGE. Section 23a of the State Constr requirements of this state relat | OF ALL FEES AND CHA E PROPOSED WORK IS AUTHO IS APPLICATION AS HIS/HER CHIGAN. ALL INFORMATION uction Code Act of 1972,1972 PA ing to persons who are to perform | RGES APPLICABLE TO AI Alter RIZED BY THE OWNER O AUTHORIZED AGENT, AN SUBMITTED ON THIS AI 230, MCL 125.1523A, prohib | TELEPHONE SLATE rnate Phone Number F RECORD AND THAT 1 I ND WE AGREE TO CONFO PPLICATION IS ACCURA | ZPCTE HAVE BEEN AUTHORIZ DRM TO ALL APPLICAE TE TO THE BEST OF 1 to circumvent the licensing | ED LE MY |
| VI. APPLICANT INFORMATIO APPLICANT IS RESPONSIBLE FOR Alternate Contact 1 HEREBY CERTIFY THAT THE BY THE OWNER TO MAKE TH LAWS OF THE STATE OF MIC KNOWLEDGE. Section 23a of the State Constr requirements of this state relat subjected to civil fines. | OF ALL FEES AND CHA E PROPOSED WORK IS AUTHO IS APPLICATION AS HIS/HER CHIGAN. ALL INFORMATION uction Code Act of 1972,1972 PA ing to persons who are to perform LICANT ILDING: \$200.00 50.00 placement of Mobile Unit H Michigan Energy Code. One copy | RGES APPLICABLE TO AI Alter RIZED BY THE OWNER O AUTHORIZED AGENT, AN SUBMITTED ON THIS AI 230, MCL 125.1523A, prohib work on a residential buildin Special Local Requirement, Construction, 60 W. Sanilac begins. Plumbing, Electrical ai y of print/drawing to All other | TELEPHONE SLATE rnate Phone Number F RECORD AND THAT 1 I ND WE AGREE TO CONFO PPLICATION IS ACCURA building permit must be obta , Room 210, (810) 648-4664, nd Mechanical Permits are A | ZPCTE HAVE BEEN AUTHORIZ DRM TO ALL APPLICAE TE TO THE BEST OF 1 to circumvent the licensing Violators of section 23a are ined from the Department of BEFORE construction or Alterations to buildings \$10 | ED LE MY |
| VI. APPLICANT INFORMATIO APPLICANT IS RESPONSIBLE FOR Alternate Contact I HEREBY CERTIFY THAT THE BY THE OWNER TO MAKE TH LAWS OF THE STATE OF MIC KNOWLEDGE. Section 23a of the State Constr requirements of this state relat subjected to civil fines. SIGNATURE OF APP PERFORMANCE BOND FOR BU I and 2 Family homes Pre-manufacture/mobile homes \$1 required and must Conform to the during construction process. Vil. LOCAL GOVERNMENTAL | OF ALL FEES AND CHA E PROPOSED WORK IS AUTHO IS APPLICATION AS HIS/HER CHIGAN. ALL INFORMATION uction Code Act of 1972,1972 PA ing to persons who are to perform LICANT ILDING: \$200.00 50.00 placement of Mobile Unit H Michigan Energy Code. One copy | RGES APPLICABLE TO AN Alter RIZED BY THE OWNER O AUTHORIZED AGENT, AN SUBMITTED ON THIS AN 230, MCL 125.1523A, prohib work on a residential buildin Special Local Requirement, Construction, 60 W. Sanilac begins. Plumbing, Electrical an y of print/drawing to All other SECTION | TELEPHONE SLATE mate Phone Number F RECORD AND THAT 1 I ND WE AGREE TO CONFO PPLICATION IS ACCURA bits a person from conspiring g or a residential structure. V building permit must be obta , Room 210, (810) 648-4664, nd Mechanical Permits are A r commercial/industrial \$300. | ZPCTE HAVE BEEN AUTHORIZ DRM TO ALL APPLICAE TE TO THE BEST OF 1 to circumvent the licensing Violators of section 23a are ined from the Department of BEFORE construction or Alterations to buildings \$10 .00 remain on file in this o | ED LE MY |

| A - PART 91 SOIL EROSION Working within 500' of Lake river or stream - to verify if High Risk -Property I.D.No. First Contact (810) 648-4664 IF YES - CONTACT DEQ (517) 373-1952 | YES | NO | | | |
|--|------------|---------------------|--|--|--|
| B - PART 91 SOIL EROSION Disturbs one acre or more Contact - Sanilac County Land Use (810) 648-4664 | YES | NO | | | |
| C - PART 303 SOIL EROSION Work in Wetlands Contact: DEQ (989) 686-8025 Ext#8365 | YES | NO | | | |
| D - PART 31 SOIL EROSION Floodplain/Property flooding Contact: DEQ (989) 686-8025 | YES | NO | | | |
| E - HEALTH DEPARTMENT Contact: (810) 648-2150 Ext #124 Well | YES | NO | | | |
| Septic F- ZONING REQUIRED Remain the Same Variance Granted | YES YES | NO O NO NO | | | |
| Other | | NO | | | |
| USE GROUP TYPE OF CONSTRUCTION APPROVAL SIGNATURE | | BASE F | | | |
| | | DATE | | | |

NOTE: YOU MUST HAVE A DRAWING WITH COMPLETE FRAMING DETAILS OF CONSTRUCTION FOR THE BUILDING INSPECTOR TO GO OVER WITH YOU BEFORE A PERMIT CAN BE ISSUED.