

CALEDONIA TOWNSHIP
OFFICE OF ZONING ADMINISTRATOR

APPLICATION FOR:

_____ Land Use/Zoning Permit \$ _____
_____ Site Plan Review Required \$ _____
Date _____ Amt. \$ _____

Permit No. _____

All required information must be submitted in accordance with the Caledonia Township Zoning Ordinance. If added space is needed please use reverse side or attach additional sheets.

APPLICANT INFORMATION:

Owner: _____ yes _____ no

Name: _____ Phone _____
Address _____

OWNER INFORMATION:

Name _____ Phone _____
Address _____

PROPERTY INFORMATION:

Tax No. _____ Legal Description _____

Current Zoning District _____ Postal Address _____

Description of Proposed Use or Request: _____

Property Dimensions: _____ ft. X _____ ft. and/or Acres _____

Proposed Building: Type of construction _____ Size: (L) _____ ft. X (W) _____ ft. X (H) _____ ft.

Lake Frontage _____ ft. Setback _____ ft. Highway Frontage _____ ft. Setback _____ ft. Side Yard _____ ft.

Highway Access _____ yes _____ no Parking Area _____ sq. ft. Value of Proposed Building / Project \$ _____

AFFIDAVITS:

I hereby attest that the information on this application is, to the best of my knowledge, true and accurate. I agree to, in case of a building, to inform the Zoning Administrator before excavation for the foundation is started and when all construction is complete in order for proper inspections to be made.

Signature of Applicant(s) _____ Date _____

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Date Rec'd _____ Accepted _____ Returned for _____

Site Plan Review: Date referred _____ to _____ Action _____ Date _____

Administrator Approved _____ Inspection Dates: First _____ Second _____ Any Other _____

Comments: _____

If Denied: Date _____ of Action, by _____ Reason _____

_____ Article _____ Section _____ of Caledonia Township Zoning Ordinance.

Notice to Applicant: (In writing) Date _____ (Attach copy of Notification Letter)

Notes and/or Comments: _____

Referred to Zoning Board of Appeals

Date referred _____ ZBA meeting date _____

ZBA action _____

Administrator's Signature