

EAST BAY CHARTER TOWNSHIP - OFFICE OF PLANNING & ZONING
1965 N THREE MILE RD ~ TRAVERSE CITY ~ MICHIGAN ~ 49696

Direct Line (231)947-8681

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APPLICATION FOR A: LAND USE PERMIT SIGN PERMIT HOME OCCUPATION PERMIT

(Please type or print in ink)

Health Dept. Permit # _____ Sewer/Water: Date Paid _____ Soil Erosion Permit # _____

Road Commission Permit # _____ Subdivision/Architectural Approval: yes ___ no ___, by _____

Authorized Agent's Name _____ Phone # (____) _____ - _____

Authorized Agent's Email: _____

Address _____

Owner's Name _____ Phone # (____) _____ - _____

Address _____

Owner's Email: _____

PARCEL ID # 28-03-____ - ____ - ____ Zoning District/Map Page (office use only) _____ / _____

Parcel Address _____

PROPOSED USE & GENERAL INFORMATION

RESIDENTIAL - size (width' x length')

NON-RESIDENTIAL - size (width' x length')

Single Family _____ Commercial _____

2 or More Dwelling Unit _____

_____ Type of Commercial _____

Residential Addition _____ Estimated Cost of Project _____

Private Garage _____ Commercial Addition _____

Specify/Use _____

Deck(s) _____ Other & Specify _____

Covered Porch(s) _____

Other _____ Height of Structure(s) _____

Height of Structure(s) _____ Parking/Number of Spaces _____

Style/Design of Home _____

Home Occupation (type & name) _____ Sign - Type & Size _____

(MUST PROVIDE ELEVATION)

Are there any Road Right-of-Ways/Easements which abut or travel across the property? ___ Yes ___ No
If yes, please show on site plan. We will accept your site plan on a separate sheet if unable to draw on application.

PROPOSED SETBACKS FROM PROPERTY LINES

Front (Road) _____ Side _____ Side _____ Rear _____

❖ The exterior portion of any project for which the Land Use Permit was issued for shall be completed within two (2) years from the date of the start of construction.

❖ For Lake Lots: Prior to any site work, including grading and/or tree/vegetation removal, the property owner and/or their authorized agent shall meet with staff in person to discuss the requirements of the Forest Lakes Overlay.

I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. Also, I give permission to Zoning & Assessing staff/officials from East Bay Township, Grand Traverse County and State of Michigan to enter the property where this construction/use is proposed for purposes of inspection.

➤ Signature of Owner/Authorized Agent _____

➤ Approved by _____

➤ Comments _____

IMPORTANT: Permits are valid for ONE YEAR; **the laminated card shall be posted on the property during construction or any activity. PLEASE CALL FOR A SETBACK INSPECTION WHEN THE EXTERIOR OF THE STRUCTURE IS COMPLETE.**

FAILURE TO OBTAIN A LAND USE PERMIT PRIOR TO CONSTRUCTION, OR FAILURE TO CALL FOR AN INSPECTION, SHALL RESULT IN A DOUBLING OF THE ORIGINAL FEE.

~ For Office Use Only ~

Date Application Received _____ / _____ / _____ Fee Paid _____ Ck. # _____

Permit # _____ Date Issued _____ / _____ / _____ Expiration Date _____ / _____ / _____

Date Insp. _____ / _____ / _____ Initial _____

Plans Supplied: Yes _____ No _____ Treasurer Approval: Yes _____ No _____ By: _____

Draw a site plan below (or attach), please include the following:

1. All existing structure(s), and their locations, with exact dimensions.
2. The proposed location and exact dimensions of the proposed structure.
3. The location of existing or proposed well and septic systems.
4. The location of public and private roads, road-right-of-ways and/or easements.
5. Depth of all yards and distance from **new structure** to property lines.
6. For all accessory structures **three (3) sets** of floor plans and elevations are required. (*two will be returned*)
7. For all new homes and residential additions **three (3) sets** of floor plans and elevations are required. (*two will be returned*)

