

OTISCO TOWNSHIP ZONING COMPLIANCE
*** AGRICULTURAL BUILDING ***

APPLICANT INFORMATION

Date:	Log #:
Name:	Phone:
Current address:	
Address of Proposed Project:	
Type of Proposed Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Replace Existing Structure	
Description of Proposed Project:	
Dimension of Proposed Project: _____ X _____ = _____ Sq. Ft.	
Permanent Parcel Number: 34-130-	Current Zoning:

CHECKLIST

<input type="checkbox"/> SITE PLAN : LOT DRAWING (SURVEY IF AVAILABLE) SHOWING RESIDENCE WITH FRONT/SIDE/REAR SETBACKS
<input type="checkbox"/> BLUE PRINT / DRAWING: FOR ALL CONSTRUCTION – (2) SETS FOR IONIA COUNTY BUILDING DEPARTMENT.
<input type="checkbox"/> DRIVEWAY PERMIT: ALL NEW HOMES – [OBTAINED FROM IONIA COUNTY ROAD COMMISSION]
<input type="checkbox"/> WELL AND SEPTIC: [OBTAINED FROM IONIA COUNTY HEALTH DEPARTMENT]
<input type="checkbox"/> SOIL EROSION: [IF WITHIN 500 FT OF WATER-OBTAINED FROM DRAIN COMMISSION]

CONTRACTOR INFORMATION

Builder/Contractor:		
Builder / Contractor Address:		License #
Phone:	Cell Phone:	Fax:
City:	State:	ZIP Code:
Print name:		Date:
Signature:		Title:

I agree to comply with the terms and requirements of all codes and ordinances in effect in the Township pertaining to all phases of construction and development of this project. It is also understood that I will be utilizing this building for *AGRICULTURAL PURPOSES only.* I UNDERSTAND THAT IF, IN THE FUTURE THE USE OF THIS BUILDING IS NO LONGER AGRICULTURAL IN NATURE, I WILL BE REQUIRED TO APPLY FOR A BUILDING PERMIT*.
***Agricultural purposes equal any/all of the following: house live stock, store animal feed, store farm equipment.**

TOWNSHIP AUTHORIZATION

The applicant meets the zoning requirements in accordance with Otisco Township.

<input type="checkbox"/> Setback Requirements approved.	<input type="checkbox"/> Zoning Requirements approved	Fee: \$25.00 Paid: ___Chk ___Cash
<input type="checkbox"/> DENIED-SETBACKS NOT MET	<input type="checkbox"/> DENIED-ZONING NOT MET	#####
Print name:		Title:
Signature of Township Official:		Date:
<input type="checkbox"/> Cc to Township Assessor	<input type="checkbox"/> File	Date: