

Conway Township
Land Use Permit
(517) 223-0358

Permit No. _____ Date _____
Owner _____ Telephone _____
Site Address _____ City _____ Zip _____
Contractor _____ Telephone _____
Address _____ City _____ Zip _____
On the _____ side of _____ between _____ and _____ roads.
Subdivision _____ Lot No. _____
Size of Lot: Front _____ Rear _____ Side _____ Side _____ Acreage _____
Zoning District Classification _____ Tax Code No. _____

Application is made to _____

Dwelling Deck Sign Addition Garage

Swimming Pool Accessory Building Commercial Industrial

Type of Construction: Brick Stone Frame Cinder Block Steel Manufactured Home Other

Commercial Manufactured home meets Michigan Uniform Building Code and Conway Township Ordinance including but not limited to a 4/12 roof pitch.

Size of Building: Front _____ Rear _____ Depth _____ Height _____

Estimated Value \$ _____ Total Square Feet _____

Building Setback: _____ feet from front property line. _____ feet from rear line. _____ waterfront.
_____ feet to nearest side line. _____ feet to farthest side line.

Attached scale drawing (scale not smaller than 1" to 100') showing the following: dimensions of property, all roads adjacent to property (indicate private or county); easements; lakes and streams; all structures; existing or proposed septic tank and field; existing or proposed well; dimensions from buildings to property line; dimensions of proposed building.

Include 2 sets of blueprints. One copy for Township and one for the Building Department. Blueprint must be stamped by the Township prior to submitting to the County Building Department. This stamp is to state the Township has received a copy of the blueprint, not an approval.

For sign, attach drawing showing dimensions of sign, and for a wall sign, the facade to which it will be attached.

Attach proof of ownership of property. (Tax Bill, Warranty Deed or Land Contract)

NOTICE:

Applicant may be required to get a building permit from the Livingston County Building Department, a permit from the Livingston County Department of Public Health, a driveway permit from the Livingston County Road Commission, and other applicable permits.

Any land use permit granted shall be null and void unless the development proposed shall have all rough framing completed in one year from the date of granting said permit.

The Zoning Administrator may suspend or revoke a permit issued in error or on a basis of incorrect information supplied by the applicant or his agent or in the event of violation of any of the ordinances or regulations of the township.

Applicant shall notify the Zoning Administrator when construction is ready for inspection pursuant to section 18.2C1, 2, & # and request a certificate of compliance be issued.

I hereby agree that the use of the premises and the construction of any improvements or structures will be accomplished in strict compliance with this application and the Conway Township Zoning Ordinance, the Livingston County Building Codes, the Livingston County Department of Public Health rules and regulations, and all other laws and regulations that may be applicable.

I hereby declare that all the above statements and information contained in this application and any attachments submitted herewith and true and accurate.

I understand that there may be deed restrictions that may apply to this project. A Land Use Permit is valid for a period of 12 months from the date of issue. Any modification to location, size, or dimensions must be approved by Conway Township. I understand that issuance of this Land Use Permit does not waive the requirements for Building, Driveway, Health or any other permits required by law.

Applicant is required to call for inspection after ground has been broke for the applied for use.

Applicant Signature _____

Date _____

Approved Disapproved Date _____

Conditional _____

FEES

LAND USE:
RESIDENTIAL \$100.00
COMMERCIAL \$150.00

Zoning Administrator _____