

MATHIAS TOWNSHIP APPLICATION FOR ZONING COMPLIANCE

Date of Application: _____

APPLICANT

Name:	
Address:	City, State Zip:
Phone:	Alternate Phone:
Fax:	E-Mail:

PROPERTY OWNER

Check box only if Property Owner is the same as the Applicant

Name:	
Address:	City, State Zip:
Phone:	Alternate Phone:
Fax:	E-Mail:

The applicant / owner acknowledges review of the plot or site plan requirements in the zoning ordinance (available at www.mathiastownship.org or at the Township Hall)

PROJECT INFORMATION

Location/Address:		
Parcel Tax I.D. Number(s): <i>(found on tax bill)</i>	Zoning District:	
Current Use(s) & Occupancy:		
Project Name (if applicable):		
Estimated Project Costs:	Lot Size or Number of Acres:	
Square Footage of Existing Building(s):	Total Area of Site Being Disturbed (including lawn):	
Square Footage of Proposed Building(s):	Number of Floors:	Total Height:
Number of Off-street Parking Spaces:	Is this property accessed via Private Road:	

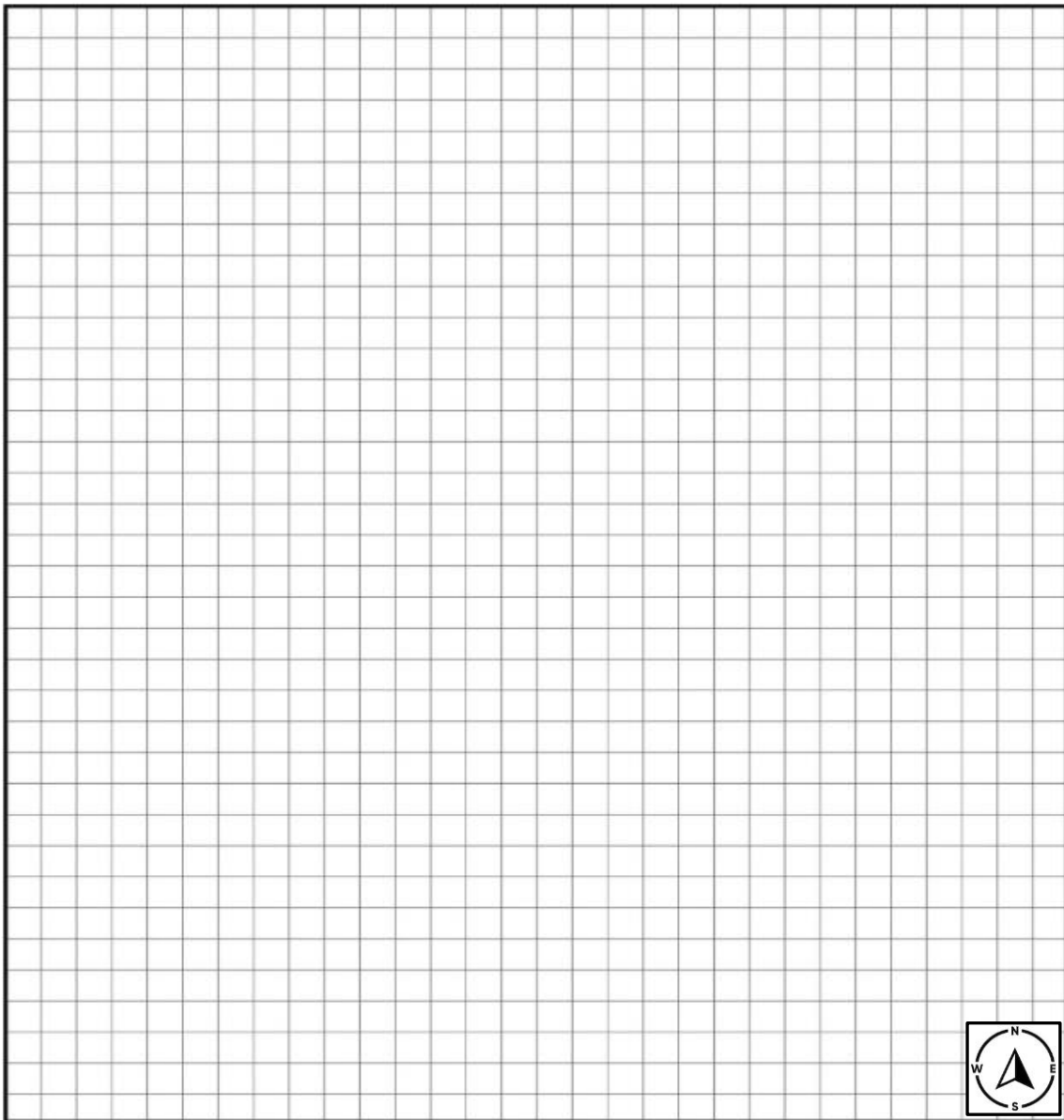
Lot Dimensions: Frontage: _____ Feet Depth: _____ Feet

Setbacks from property line(s): Front: _____ Feet Side: _____ Feet Rear: _____ Feet

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Legal Description: _____

****All applications for Zoning Compliance shall be accompanied by a plan set or pen and ink sketch showing all property lines, locations of all buildings and the location and type of sewage disposal system and water supply system (existing or proposed). All sketches must show distances to property lines for all structures. Please use the space below for your sketch and you may attach additional sheets as necessary.***



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The undersigned applicant hereby swears that the information contained in this application together with any attachments or supplemental information is true and correct. The applicant also, by signing this application authorizes the zoning administrator or his authorized representative to have access to the site for purposes of determining compliance with the conditions of the application or permit that may be issued.

Signature of Application

Date

Please return this completed application and required \$100.00 review fee (*checks to: Mathias Township*) to:

Jason McCarthy
c/o Mathias Township
325 Northwoods Rd.
Marquette, MI 49855

If you have any questions, you may reach Mathias Township Zoning Administrator – Jason McCarthy @ 906-399-1808 (cell).

FOR OFFICE USE ONLY

Application for Zoning Compliance is hereby ***APPROVED*** | ***DENIED*** in accordance with the provision of the Mathias Township Zoning Ordinance, subject to the following contingencies:

Zoning Administrator

Date