

# Wheatfield Township

Ingham County, Michigan

985 E. Holt Road, Williamston, MI 48895-9754 Phone (517) 655-4161 Fax (517) 655-9071

## ZONING PERMIT APPLICATION for NON-DWELLING ( Not For Single Family and Two-Family Dwellings and Accessories Thereto )

References to "Section" and "Article" refer to the Wheatfield Township Zoning Ordinance They are provided to assist the applicant. The references may be applicable but do not necessarily identify all parts that apply.

**Important Notice to Applicants:** *This application must be completed in full and 15 copies submitted to the Zoning Administrator (see #15). All questions must be answered completely. If additional space is needed, number and attach additional sheets. Approval of this application is required before a Zoning Permit can be issued. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Zoning Permit is a violation of the Wheatfield Township Zoning Ordinance.*

1) **Applicant:** \_\_\_\_\_  
Name Street Address City/State/Zip Telephone

2) **Landowner:** \_\_\_\_\_  
(if different than applicant) Name Street Address City/State/Zip Telephone

3) **Applicant's Interest in Property:**  Owner  Lessee  Buy Option  Other/Specify: \_\_\_\_\_

4) **Property Address:** \_\_\_\_\_ **and Parcel Acreage:** \_\_\_\_\_

5) **Tax Parcel #:** \_\_\_\_\_ **and Zoning District:** \_\_\_\_\_

6) **Deed restrictions on parcel:**  Yes  No

7) **Is parcel in a**  platted subd. **or**  condominium **If "yes", what is the name:** \_\_\_\_\_

8) **Existing Use of Property:** \_\_\_\_\_

9) **Legal Description** (attach sheet if necessary) \_\_\_\_\_

10) **Names, addresses, phone #s** of all other persons or entities having legal or equitable interest in the land not otherwise listed in (1) or (2):  
 \_\_\_\_\_  
 \_\_\_\_\_

11) **This application is made for which of the following types of uses:**

- Residential Subdivision Plat  Residential Site Condominium  Commercial Use  Industrial Use  
 Multiple Family/Apartments  Other/Specify: \_\_\_\_\_

12) **Which of the following best describes the nature of the proposed activity?**

- New use of vacant parcel  New use of existing building(s)  
 Expansion/alteration of existing use/building(s) but maintaining the same use  
 Other/Specify: \_\_\_\_\_

13) **Is the proposed use/building(s) classified as a "special land use" by Tables 3-2 or 3-3 of Article 3 of the Zoning Ordinance based on the District in which the property is located?**  Yes  No

For TOWNSHIP USE Only			
<b>Application Number:</b>		<b>Property Tax Number:</b>	
<b>Date Received:</b>		<b>Date of Final Action:</b>	
<b>Fee Paid</b>	<b>Date</b>	<b>Final Action Taken By:</b> ZA    PC    TB	
1)		<b>Final Action Taken:</b> (circle as appropriate)	
2)		Approved	Approved with Conditions
3)		Denied	
<b>Notes:</b> _____			

**14) If the parcel or any existing structure(s) are nonconforming, describe each nonconformity** (see Article 6). These nonconformities may apply to such things as setbacks, lot area, and lot width.

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**15) SUPPORTING DOCUMENTS:** 15 copies of the following materials must be submitted along with 15 copies of this completed application.

**A. Legal Description:** The legal description of the property subject to the application.

**B. Proof of Property Ownership:** Proof of ownership of the property subject to the application, such as a warranty deed, land contract, or other evidence of interest in the property.

**C. Deed Restrictions:** A copy of all existing deed restrictions impacting the property.

**D. Detailed Description:** A detailed description of the proposed actions being applied for, including any proposed uses of land and/or proposed uses of existing and new buildings including legal seating and/or sleeping capacity of such buildings. If a commercial or industrial use is being proposed, include information on the number of total employees, employees per shift, principal products for sale or manufacture, hours of operation, anticipated automobile traffic and truck/delivery traffic, and related operational characteristics. The narrative description must be dated along with the signature of the applicant, and the preparer's signature.

**E. Site Plan:** Sec. 14.2 identifies the land uses for which site plan approval is required prior to the issuance of a Zoning Permit, such as commercial and industrial uses. If site plan approval is required for the applicant's project according to Section 6.2, the applicant must submit the required copies of both this completed application form and a site plan according to Sec. 14.3.

**F. Special Land Use:** If the applicant's project is classified as a "special land use" according to Table 3-2 or 3-3 of Article 3, or elsewhere in the Zoning Ordinance, the applicant is strongly encouraged (not required) to submit written documentation to support the special land use application according to the Section 15.6 approval standards upon which the application will be evaluated.

**G. Open Space Community (OSC):** If the applicant is applying for approval of an OSC (Sec. 18.17), the applicant shall also submit a Conventional Plan according to Sec. 7.26(B)(2).

**H. Copies of Permits:** Attach copies of all permits received for this use such as, by example, sewer or septic permit, water or well permit, driveway permit, wetland permit, and soil erosion/grading permit.

**I. List of Attachments:** Check attachments as applicable and note the number of pages of each:

- |  |   |
|--|---|
| <input type="checkbox"/> Legal Description; ___pages | <input type="checkbox"/> Proof of Property Ownership; ___ pages                                       |
| <input type="checkbox"/> Deed Restrictions; ___pages | <input type="checkbox"/> Site Plan; ___ pages <input type="checkbox"/> Detailed Description; ___pages |
| <input type="checkbox"/> Other _____;                | ___ pages   |
| <input type="checkbox"/> Other _____;                | ___ pages   |
| <input type="checkbox"/> Other _____;                | ___ pages   |

**16) AFFIDAVIT:** I (we) agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be voided. I (we) agree to comply with the conditions and regulations provided with any permit that may be issued, and that any permit that may be issued is with the understanding all applicable sections of the Wheatfield Township Zoning Ordinance will be complied with. I understand this is a zoning permit application and not a zoning or building permit. I (we) understand that a building permit must also be acquired according to the State Construction Code. I (we) agree to give permission for officials of Wheatfield Township, the County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. I (we) understand that a zoning permit conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

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Applicant Signature(s)

Date

Property Owner's(s) Signature(s)  
(if different than applicant)

Date