

Village of Kaleva OR Maple Grove Township

9213 Aura St, Box 48

Kaleva, MI 49645

Office 231-362-3825 Fax 231-362-2555

Number _____ Date _____

Fee _____ Receipt # _____

Cash _____ Check _____

ZONING - LAND USE APPLICATION

Part 1 (To be filled out by applicant)

Include fee: Payable to Village of Kaleva/Maple Grove Township

PROPERTY OWNER'S NAME AND ADDRESS

PHONE (____) _____

APPLICANTS NAME & ADDRESS (If not property owner)

Phone (____) _____

APPLICANTS CAPACITY (If Not Property Owner) Circle one BUILDER OTHER OWNER

PROPOSED CONSTRUCTION SITE ADDRESS (If known) _____

Property # 51- ____ - ____ - ____ Parcel Size _____ Size of building or structure _____

Proposed use of building or structure - circle one Residential Agricultural Commercial Other

Affidavit: I agree the statements made above are true, and if found not to be true, this zoning permit may be revoked. Further I agree this permit is issued with the understanding the conditions and regulations given in Part 2 below, and any other applicable sections of the appropriate Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator named below for inspection before the start of construction when location of proposed uses marked on the ground. Further, I understand this is a zoning permit which 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.

SIGNED _____ DATE _____

PART 2 (To be filled out by local zoning administrator)

ZONING CLASSIFICATION OF PROPOSED CONSTRUCTION SITE _____

MINIMUM LAND AREA REQUIREMENTS _____

MINIMUM SET BACKS:

FRONT YARD _____

REAR YARD _____

REQUIRED SITE PLAN PROVIDED YES / NO

SIDE YARDS _____

WATERS EDGE _____

OTHER ZONING REQUIREMENTS:

ZONING APPROVED _____ ZONING DENIED _____ REASON FOR DENIAL- (see attached)

ZONING ADMINISTRATOR _____ DATE _____

PHONE _____

PERMIT GOOD FOR TWO (2) YEARS FROM DATE OF ISSUE