

KALEVA-MAPLE GROVE TOWNSHIP Zoning-Land use application

PO Box 48, 9208 Kauko St., Kaleva, Michigan 49645 cell 231.590.0902

Fax 231.362.2555 email beldo300@gmail.com

Property #51.____.____.____.____ Permit # _____

Owner _____ Phone _____

Street Address _____

City _____ State _____ Zip code _____

Email _____

Applicant (if not owner) _____ Phone _____

Applicant Address _____

City _____ State _____ Zip Code _____

Email _____

Construction site address _____

Parcel size (Acres or SQ Ft) _____ Building Size _____

Proposed Land use. Residential ____ Commercial ____ Agricultural ____ Industrial ____

Date Construction to begin _____

Please attach a sketch of the proposed structure with setbacks from each property line noted.

I swear the above statements are true. I understand that all provisions of the Kaleva-Maple Grove Township Zoning Ordinance must be adhered to. I agree with all regulations and conditions that are a result of approval of this land use permit. I will update the Zoning Administrator of any changes in the information above or attached. I will provide the Zoning Administrator copies of building permits, septic permits or any other permits obtained in completion of this land use.

Sign & date _____

*****do not write below this line*****

Zoning Classification _____

Land Use Permit Approved _____ Conditions _____

An approved land use permit will expire one (1) year from date of approval. Extensions may be granted by the Zoning Administrator.

Land Use Permit Denied _____ Reason(s) are attached.

ZA signature & date _____