

Sherman Township
Zoning Administrator/O.E.O.
18724 Mackinaw Trail
Tustin, Michigan 49688
Ph: 231-829-5236

RE: Zoning Application Form

Dear Sherman Township Resident,

Please review the following instructions I have provided to complete the Zoning Application form. To ensure your application form is not subject to delays during processing, please ensure the following information is **"PRINTED"** neatly:

Name: Name of the land owner (Not the contractor).

Phone: Current phone number (or best phone number to reach you).

Address: Current mailing address even if different from the Parcel Address.

Parcel #: THIS MUST BE COMPLETED. I have completed the first two boxes for you, please finish filling in the number in sequence. (Look on your tax bill for this information).

Legal Property

Description: Please print the "EXACT" Legal description of this parcel as located on your tax bill.

Legal Use

Provided by: Check the one that applies to your property.

Driveway

Permit #: Obtained from "Osceola County Road Commission" (may not apply in all applications).
Phone: 231-832-5171.

Health Dept

Permit #: Commonly referred to as a "Perk Test" or "Well & Septic" this permit may be obtained From the Central Michigan Health Dept. (may not apply in all applications). 231-832-5532 ext. 12

Proposed Structure

Or Uses: I need detailed description of what you intend to do on your property. (Please use the following as an example) Construction of one 24'x60' three bedroom house on a 24" crawlspace. Also construction of one 24'x24' pole style constructed garage. This garage will not be attached to the house.

Setbacks: Tell me approximately how far from "ALL" property lines you intend to construct or renovate your structure.

Current Zoning

District: Check the one that applies to your property. If you are unsure please call me or leave this blank and I will indicate the proper zoning designation.

Land Division

Certification: Answer this question with a "yes" or "no" checkmark. If the answer is yes you must contact Land Division Administrator for his signature and date on the provided line.

Applicant

Certification:

Sign and date application certifying that information is true and correct.

Page Two

Site or

Plot Plan:

Follow the printed instructions and draw me a simple line map indicating all details that you can. Be sure to include roads, driveways, streams, or bodies of water, right of ways, easements, well, septic, as well as placement of your proposed new structure(s). Please indicate a compass direction to eliminate confusion during the site inspection.

Permission to

Enter Prop:

Read instructions and if you agree, please sign and date the form.

This form is now complete and ready to be mailed back to me. Please attach a check or money order made payable to "Sherman Township" for the appropriate amount and mail all documents to me at:

Sherman Township
Zoning Administrator
18724 Mackinaw Trail
Tustin, Michigan 49688

Upon receipt of your completed application, I will contact you to establish a convenient date and time to conduct your site inspection. If I can be of further service, please do not hesitate to contact me.

Thank You

Joseph S. Grugal
Sherman Township
Zoning Administrator/O.E.O.

SHERMAN TOWNSHIP ZONING APPLICATION

OSCEOLA COUNTY

Name:

Address:

Phone:

The above named individual(s) have completed and submitted this application to locate, erect, or move a structure; or initiate a specific use; or develop on the following property. This application is in accordance with the Sherman Township Ordinance, as adopted on January 1, 1996.

Legal Property Description:

Parcel No. 67 15

Legal used provided by: (check one) Deed: () Land Contract: () Lease: ()

Driveway Permit No:

Health Dept. Permit No:

Type of Proposed Structure or Specific Use:

Setbacks

Current Zoning District (check one)

Front:

Side:

Agriculture:

Commercial:

Rear:

Side:

Ag-residential:

Dighton:

LAND DIVISION CERTIFICATION

Has the parcel of land described above been split or divided since March 31, 1997: Yes () No () (check one)

This division of land or split has been approved by:

(Land Division Administrator's Signature

(Date)

APPLICANT CERTIFICATION

I hereby certify the information provided in this application and accompanying documents, is to the best of my knowledge, true and accurate.

Signature of Land Owner or Agent

Date

Show size & shape of property, street, roads, driveway & parking areas. Show existing buildings, proposed Structures and / or changes to the land, with all dimensions from road right of ways, lot lines and lakes or streams Show compass points for directions reference. (attach additional page if needed).

[illegible]

PERMISSION TO ENTER PROPERTY

I hereby authorize representatives of Sherman Township to enter the property associated with this application for purposes of conducting necessary site inspections. Sherman Township representatives shall include the Zoning Administrator, Land Division Administrator, Members of the Planning Commission and / or Members of the Zoning Board of Appeals.