

# ZONING PERMIT APPLICATION

Charter Township of Ypsilanti – Office of Community Standards

## I. BUILDING LOCATION

Address: \_\_\_\_\_ Parcel ID # \_\_\_\_\_ ZONING \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_

## II. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contractor / Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
License Number: \_\_\_\_\_

## III. COST, FEES AND PERMITS

Cost of Improvement: \$ \_\_\_\_\_

### FEES

\_\_\_\_\_ Permit Fee  
\_\_\_\_\_ Contractor Registration Fee  
\_\_\_\_\_ Site Plan Administration Review

**\$ \_\_\_\_\_ FEE TOTAL**

## IV. APPLICATION TYPE

(SMOOTH SIDE OF FENCE MUST FACE OUT – UNLESS SHADOW BOX FENCE)

- 1. \_\_\_\_\_ Driveway
- 2. \_\_\_\_\_ Fence – Will the fence be installed on the property line:  yes  no
- 3. \_\_\_\_\_ Shed
- 4. \_\_\_\_\_ Other

**Building:** Describe in detail the proposed work to be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A certified property survey or written, notarized consent form from adjacent neighbor(s) for any fence installation that is proposed to be located on the property line must be submitted with the application according to the Charter Township of Ypsilanti Zoning Code requirements.**

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTIONS 125.1523A OF THE MICHIGAN COMPILED LAW, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENT OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE, VIOLATORS ARE SUBJECT TO CIVIL FINES.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. I UNDERSTAND THAT THE FEES ARE NOT REFUNDABLE AND PERMITS ARE NOT TRANSFERABLE. THE PERMIT WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF ISSUE UNLESS OTHERWISE SPECIFIED.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Office Use Only**

**IX. PLOT PLAN**

- Zoning Classification: \_\_\_\_\_ Proposed Use: \_\_\_\_\_
- Total Lot Size: \_\_\_\_\_
- Total Land Area (sq. ft.): \_\_\_\_\_
- Total Allowable Coverage: \_\_\_\_\_
- Total Coverage Shown: \_\_\_\_\_
- Setbacks: Front \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Sign Setback from ROW: \_\_\_\_\_
- Environmental Concerns:
  - Wetlands: \_\_\_\_\_ Woodlands Protection: \_\_\_\_\_
  - Soil Erosion: \_\_\_\_\_ Drainage: \_\_\_\_\_
- Additional Approvals Needed:
  - WCDC: \_\_\_\_\_ RECEIVED: \_\_\_\_\_ WCRC: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
Zoning Ordinance Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**NOTES:**

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08/2017

