

Hayes Township
Zoning Compliance Permit

Date: _____

Permit #: _____

New Construction: _____ Alteration: _____ Addition: _____ Accessory Building: _____

Applicant:

Name _____

Address: _____

Builder: _____

Owner:

Name: _____

Address: _____

Phone: _____

Property:

Address: _____

Property # _____

Current Use _____ Conforming: YES NO

Proposed Use: _____

Proposed Building Information:

Building Size: (sq ft) _____

Building Dimensions:

W _____ L _____ H _____ #Stories _____

Minimum Sq. Footage Required: _____

Square Footage Breakdown:

1st fl: _____ 2nd fl: _____ Garage: _____ Other: _____

Additional Comments/concerns: _____

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate and that I intend to comply fully with all Ordinances and regulations of Hayes Township, Clare County, Michigan, the Health Department, all applicable building codes and all other applicable agencies that may be involved.

Signature: _____ Date: _____

I hereby grant permission for the Hayes Township Zoning Administrator or duly appointed representative to enter the above described property until such time as a final Occupancy Permit is issued, solely for the purpose of ensuring compliance with the requirements of Hayes Township as related to this application.

Signature: _____ Date: _____

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Property Sketch Required:

Show sufficient detail including property lines, proposed buildings, additions, and or accessory buildings with **setbacks** from property lines.

For Township Zoning Administrator Use

Minimum square footage approved: _____

Zoning District: _____

Required minimum setback from property/R.O.W. lines are:

Front: _____ Side: _____ Rear: _____ From dwelling: _____

Actual setbacks will be: Front: _____ Side: _____ Rear: _____ From dwelling: _____

Project Granted: By: _____ Date of issue: _____

Denied: By: _____ Date of denial: _____

For the following reasons: _____