

# Elk Rapids Township Offices

P.O. Box 365, 315 Bridge Street

Elk Rapids, MI 49629

Phone: (231) 264-9333 / Fax: (231) 264-6676

Hours: Monday-Friday 9:00 am – 3:00 pm – Closed Saturday and Sunday

## Elk Rapids Township – Zoning Permit Application

*(Required for a County Building Permit)*

**Please provide the following information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax/Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Builder's Name: \_\_\_\_\_

Builder's Company Name: \_\_\_\_\_

Builder's License Number: \_\_\_\_\_

Builder's Telephone Number: \_\_\_\_\_

### PROPERTY INFORMATION & PROPOSED APPLICATION USE

Property Tax Number: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions to find Property: \_\_\_\_\_

\_\_\_\_\_

Type of Building: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Sq. Ft. Living Area: \_\_\_\_\_

Building Width: \_\_\_\_\_ Building Length: \_\_\_\_\_

**FOUNDATION & GARAGES**

\_\_\_\_\_ Basement  
\_\_\_\_\_ Slab  
\_\_\_\_\_ Crawl Space

\_\_\_\_\_ Attached Garage  
\_\_\_\_\_ Detached Garage  
\_\_\_\_\_ No Garage

Alterations or Addition to Existing Buildings – Describe:

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

Required Setbacks:

Front Yard \_\_\_\_\_ Each Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

**CURRENT ZONING ON PROPERTY**

\_\_\_\_\_ Residential One (R-1)  
\_\_\_\_\_ Residential Two (R-2)  
\_\_\_\_\_ Residential Three (R-3)  
\_\_\_\_\_ Commercial  
\_\_\_\_\_ Industrial

\_\_\_\_\_ Manufacturing  
\_\_\_\_\_ Planned Development Zone  
\_\_\_\_\_ Environmental  
\_\_\_\_\_ Agricultural

**Additional Comments: The applicant must provide a survey of the property identifying property boundaries, easements and all buildings.**

\_\_\_\_\_

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 hereby certify that all provisions of the **Elk Rapids Township Zoning Ordinance** and other applicable laws and requirements are to be complied with.

**Owner or Agent Signature:** \_\_\_\_\_

*OFFICE USE ONLY*

*Permit Issued By:*  
*Date of Issue:*  
*Comments:*

*Permit Number:*  
*Site Inspection:*