

VILLAGE OF LEROY PLANNING & ZONING DEPARTMENT

PO Box 92 ▪ Reed City, MI 49677 ▪ PHONE: (231)388-3458 ▪ Email: pcrichmond22@gmail.com

Date Received	Zoning Permit Application Fee:	Payment Type:	Approved By:	Date Approved:
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▪ MAKE CHECK PAYABLE TO: **LEROY TOWNSHIP** ▪

JOB LOCATION				
Address	Parcel ID # 67 - _____ - _____ - _____ - _____		Zoning District	
Township	Section	Subdivision/Condo Name	Lot #:	Distance to nearest lake, stream, river or body of water:

APPLICANT INFORMATION		
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Purchaser – Option or Purchase Agreement Date deed will be recorded with Register of Deeds ____/____/____	<input type="checkbox"/> Purchaser – Land Contract Please attach a copy of the land contract
<input type="checkbox"/> Tenant	<input type="checkbox"/> Developer / Contractor	<input type="checkbox"/> Engineer / Architect
Name/Company		Telephone
Address		City & State & Zip
		Email

AFFIDAVIT

I agree the statements made in this application are true, and if found not to be true or incomplete, any zoning permit that may be issued may be void. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the LeRoy Township Zoning Ordinance will be complied with. I agree to notify LeRoy Township Planning & Zoning Dept. for inspection before the start of construction and when locations of proposed structure(s) are marked on the ground.

 Applicant's Signature Print Name Date

OWNER INFORMATION

Name	Telephone	Cell
Address	City, State & Zip	E-mail

AFFIDAVIT

I hereby certify that I am the owner of the above described property and that the information provided herein is true and correct. In lieu of representing this request myself as owner of the subject property, I hereby authorize the person designated above as applicant to represent this request on my behalf. I hereby give permission for LeRoy Township Planning & Zoning Department Staff to enter the property subject to this permit application for purposes of inspection.

 Owner's Signature Print Name Date

EXISTING USE OF PROPERTY

Provide detailed list of all existing uses for this property (i.e. dwelling, residential storage, agriculture, home occupation, commercial storage, commercial, etc.). If more space is needed, please attach additional pages.

PROPOSED BUILDING INFO

Number of Stories	
Overall Height:	
Overall Width:	
Overall Length:	

PERMIT REQUEST

Provide a detailed description of your request (proposed building and/or proposed use). If more space is required, please attach additional pages.

PROPOSED SETBACKS

Front Setback:	
Rear Setback	
Side Setback:	
Side Setback:	

PROPOSED BUILDING DIMENSIONS

	DIMENSIONS OF PROPOSED STRUCTURE(S)	SQUARE FOOTAGE OF PROPOSED STRUCTURE(S)
1 st Floor:		
2 nd Floor:		
Garage/Storage Building (1 st floor):		
Garage/Storage Building (2 nd floor):		
Mobile Home (<i>Year of Mobile Home:</i> _____):		
Porch/Deck: <i>Covered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Porch/Deck: <i>Covered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Porch/Deck: <i>Covered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____		
Total Square Footage Of Proposed Structures:		

PLOT PLAN

Draw a plot plan below using a straight edge or a ruler. Please include items 1-10 (if applicable) on the plot plan.

1. Property shape & property line dimensions.
2. Place north arrow on plot plan.
3. Location, shape & size of all existing & proposed buildings on property.
4. Location of all drives & parking areas.
5. Rivers, lakes, wetlands, or streams within 500 ft.
6. Front, rear, & side setback dimensions
7. The existing & intended use of the lot & structures.
8. Parcels under separate ownership therein.
9. Road Right-Of-Way (ROW); access or utility easements.
10. Other essential zoning information.

Plot Plan - Sample

