

PARADISE TOWNSHIP

Grand Traverse County

2300 E. M-113

Kingsley, MI 49649

Ph: (231)263-5251 Fax: (231)263-7437

LAND USE PERMIT

Information and Requirements

The following items are REQUIRED (if applicable) prior to a Paradise Township Land Use Permit being issued:

1. **Address of property**, proof of ownership or be an authorized agent for land owner.
2. **Health Department Permit**: It must be the actual Permit (not a receipt).
Exceptions are: Decks, sheds, garages, pole barns, and the like.
3. **Site Plan** showing dimensions of property **including** distances from all property lines to existing and proposed structures.
4. **“Blue Prints” (for new homes or additions)** for the Township to retain. Blue Prints would show floor plan, foundation, and elevations.
5. **Driveway Permit (for new home construction)** from Grand Traverse County Road Commission or from Michigan Department of Transportation.
6. **Soil Erosion Permit** may be required if within 500 feet of a Lake, River, Creek, Wetland, Commercial or Industrial, lowland, or with slopes exceeding 10%.

If you need an address, you must contact the Grand Traverse County Equalization Office at (231)922-4775.

Helpful Contact Information

Grand Traverse County Health Department.....(231)995-6051

Grand Traverse County Road Commission(231)922-4848

Grand Traverse County Soil Erosion Office.....(231)995-6042

Grand Traverse County Construction Code Office(231)995-6044

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*****For Office Use Only*****
Parcel No. 28 - 10 - _____ - _____ - _____
Land Use Permit No. _____
Zoning District: _____
Received By: _____
Date: _____

APPLICATION FOR LAND USE PERMIT

All questions must be answered completely and submitted with the required attachments in order to be processed. Permits are valid for one year from date of issue.

Property Owner: _____

Owner Address: _____

Phone: _____ Cell: _____ Fax: _____

Property Address: _____

Contractor Name: _____

Contractor Address: _____

Phone: _____ Cell: _____

Please provide Blue Print/Plans that include elevations and floor plan of improvements.

PROPOSED LAND USE (please mark all that apply):

Residential Agricultural Commercial Industrial Home Occupation

TYPE OF STRUCTURE (please mark all that apply):

New Addition Reconstruction
 House Garage Agriculture Barn Pole Barn Deck/Porch
 Commercial Industrial Other (explain) _____

DIMENSIONS OF PROPOSED IMPROVEMENTS: _____ x _____ x _____

Please be advised that the minimum setbacks vary from Zoning District to Zoning District. Accuracy is important. If setbacks are within 10 feet of the minimum requirements an onsite inspection is required.

SETBACKS:

Front/Road _____ Side _____ Side _____ Rear _____

Rivers/Waters Edge _____ Easement _____

HEALTH DEPARTMENT PERMIT #: _____

DRIVEWAY PERMIT #: _____

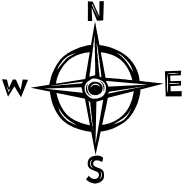
APPLICATION FOR LAND USE PERMIT

(continued)

SITE PLAN

A **Site Plan** is required for all Land Use Permits. Site Plans shall consist of Property dimensions, dimensions from property lines to existing structures/buildings, proposed structures/buildings, roads and easements on or adjoining subject property. Site Plans can be professionally done or drawn on a separate sheet of paper with a north arrow

SKETCH AREA



If any information and/or statements are found at a later date to be false, this permit shall become null and void. In signing this application, you are permitting an authorized representative of Paradise Township to do an onsite inspection(s) of the property. This permit expires if authorized work is not commenced within one (1) year from the date of issuance.

I hereby depose and say under penalties of perjury, that all statements and/or information contained herein or submitted with this application are true.

Property Owner or Authorized Agent

Signature: _____ **Date:** _____

Print Name: _____

For Office Use Only

Fee \$ _____ Date Received: _____ Received By: _____

Cash Check Check No. _____