

APPLICATION FOR ZONING PERMIT

(Expires 1 year from date of issuance.)

St. James Township

Charlevoix County, Michigan

(Please print clearly or type
all information.)

FEE AMOUNT: \$ 50.00 (See Attached Schedule)

Check # _____

(Make check payable to appropriate township.)

I. Identification - Complete the following:

- A. Property Owner(s) Rycraft, Randy + Renee
Address 1924 Pine Rd., Homewood IL
Zip Code 60430 Phone () _____
- B. Applicant, if other than property owner Boyle Carpentry + Drywall
Address Po Box 172
Zip Code 49782 Phone (231) 448-3006
- C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary): attached
Street address of property (required) 37965 Kings Hwy
Property tax ID no. 15-013-578-004-00
Zoning District in which property is located H. (Ex: R-1, R-2, A, H, etc.)
Are there any dedicated rights-of-way or easements which abut or traverse part or all of the subject property? no

(If yes, illustrate locations on sketch plan.)

D. Furnish evidence of the following:

- Driveway/Road Permit, obtained from the Charlevoix County Road Commission.
- Property address, obtained from the Charlevoix Co. Equalization Dept.
- Proof of ownership of the property on which use will occur.
- Health Dept. approval/permit for on-site septic system or hook-up to sewer system.
- Soil and Erosion permit, (if the site is within 500 feet of a lake or stream.)
- Other information with respect to the proposed structure, use, lot, and adjoining property as may be required by the Zoning Administrator.

II. General information - Complete the following:

- A. Lot dimensions 66 X 132; Total square feet or acres 8712
- B. Exterior dimensions of proposed structure 38 X 12; Height 8 ft.
- C. Proposed use:
- | | |
|--|--|
| Residential | Non-Residential |
| ☒ One Family | ☐ Commercial
specify _____ |
| ☐ Two or more family
Number of units _____ | ☐ Industrial
specify _____ |
| ☐ Transient hotel or motel
Number of units _____ | ☐ Other
specify _____ |
| ☐ Mobile Home | |
| ☐ Accessory building
specify _____ | |
| ☐ Other (Specify) _____ | |

Case No.	<u>5-1890</u>
Date Received:	<u>05/13/22</u>
Permit Issued:	____/____/____
Permit Denied:	____/____/____
Action	☒ To the Planning Commission
Deferred:	☐ To the ZBA
Reason Deferred:	<u>IN</u> <u>HARBOR DISTRICT</u>

General Information (continued)

F. Type of improvement: (check as many as appropriate)

- | | |
|---|--|
| ☐ New Building | ☐ Repair, replacement |
| ☒ Addition | ☐ Wrecking |
| ☒ Alteration | ☐ Moving, relocation |
| ☐ Earth change involving land within 500 feet of a lake or stream; | |

Number of feet to the water _____

Body of water involved _____

G. Names of Contractors involved in the project:

Boyle Carpentry & Drywall

III. Complete a sketch (see page 3) or separate site plan, which MUST include:

- A. Any existing structure(s) including location and exterior dimensions.
- B. Proposed structure(s) including location and exterior dimensions.
- C. Location of existing or proposed well and septic system.
- D. Location of any public roads or rights-of-way and/or any easements which abut or traverse all or any part of this property.
- E. Location of shore line if this site is within 500 feet of a lake or stream.
- F. Location of structures on abutting lots that are within 10 feet of the property lines.
- G. Depths of all yards; front, back, and side yards (distances from the building lines, including decks, porches, etc., to property boundaries.)
- H. Other details as may be required by the Zoning Administrator.

I hereby depose and say, under the penalties of perjury, that all the statements and information contained herein or submitted with this application are true. If any statements or information are found at a later date to be false, this permit shall become null and void.

Steve C. Boyle

Signature of Owner or Duly Authorized Legal Agent

SHOW THE FOLLOWING ON YOUR SITE PLAN:

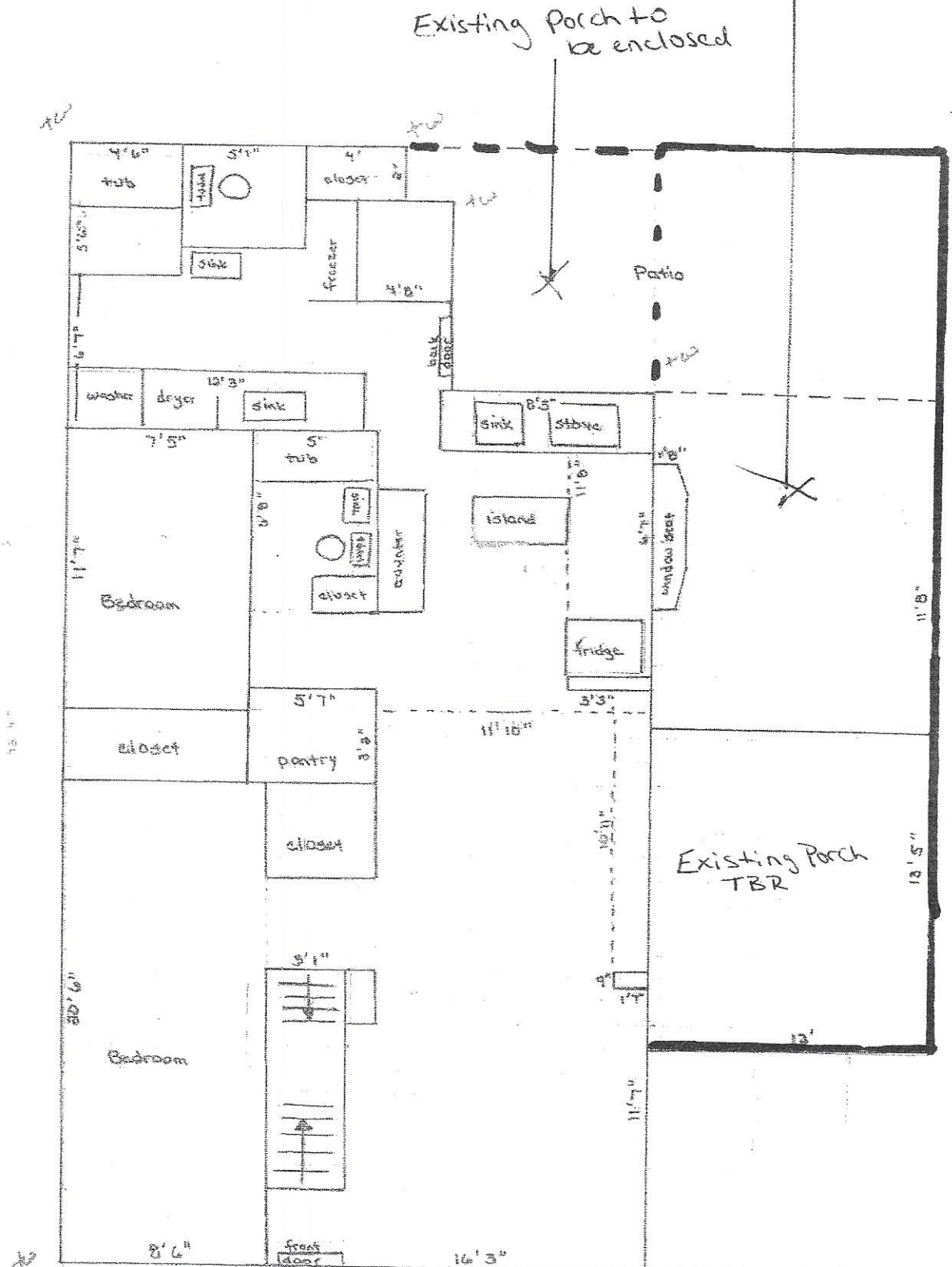
- a) An arrow indicating NORTH.
- b) All items listed in Section III of page 2.

SITE PLAN

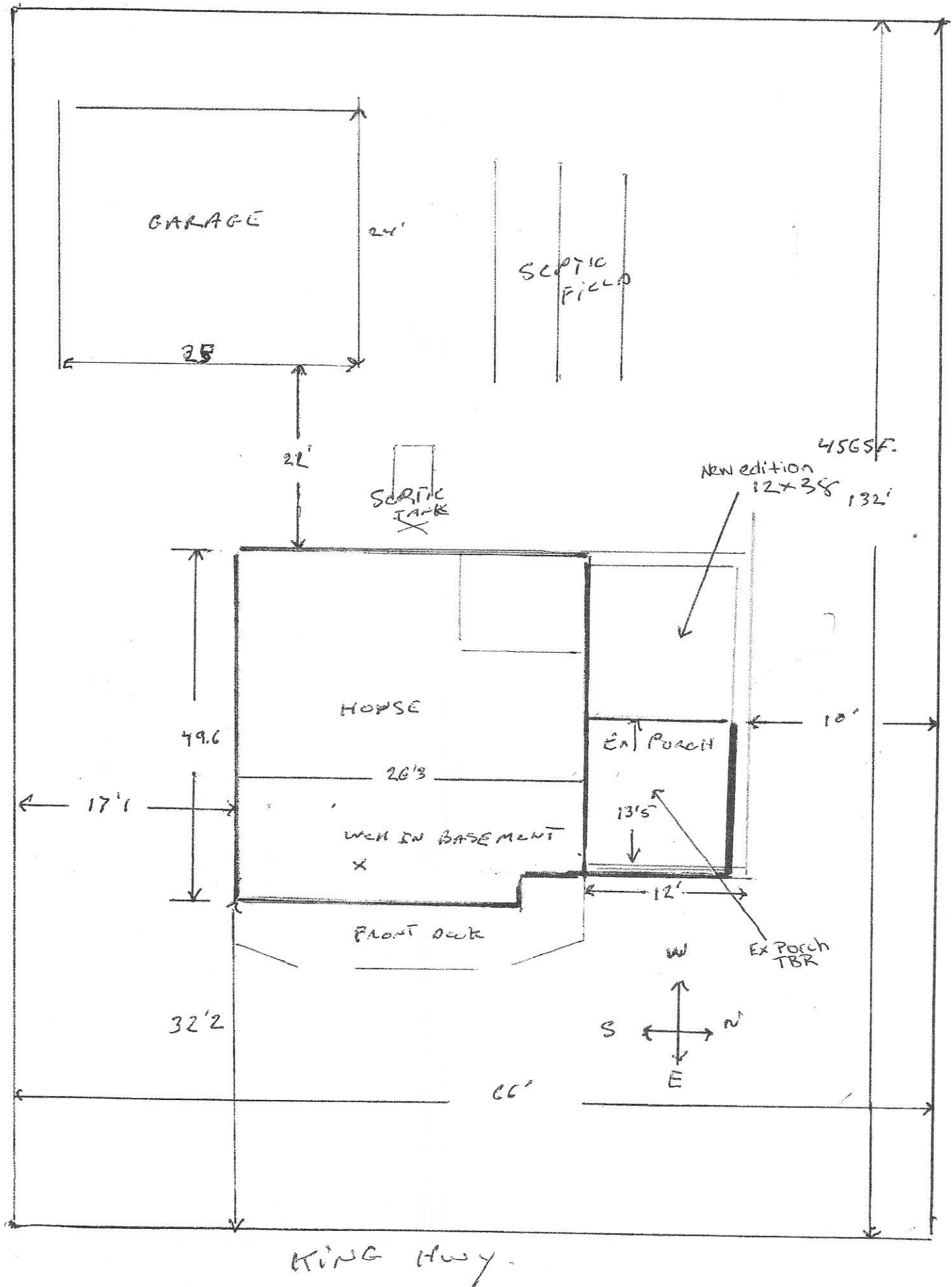
See Attached

Rycraft

Existing side porch 12 x 13.5 to be removed
New 12 x 38 addition on North side
of building 456 S.F.



Rycraft



MORTGAGOR:

RANDY RYCRAFT

INSURANCE NUMBER:

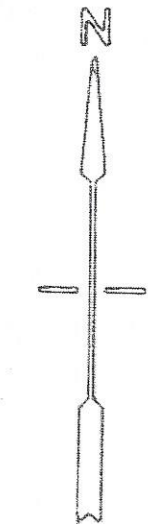
22407 Ac. I

CERTIFICATE OF MORTGAGE INSPECTION

CERTIFIED TO:

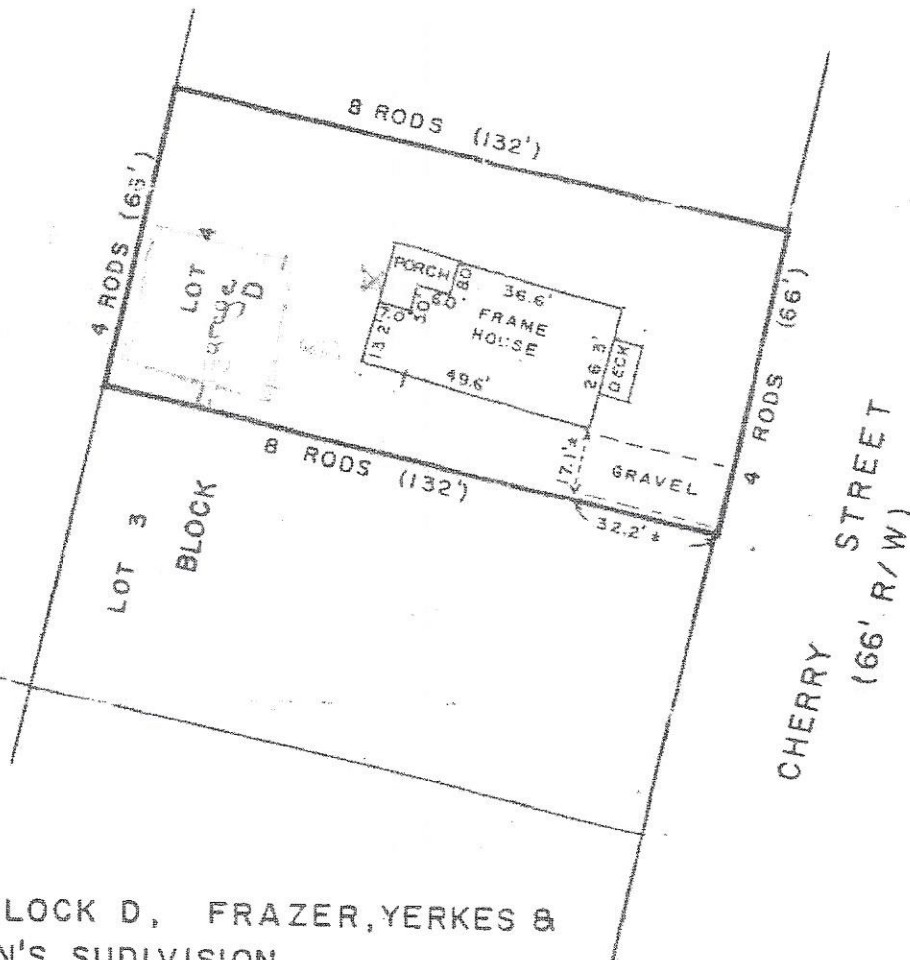
First State Bank of Charlevoix
111 State Street
Charlevoix, Michigan 49720

AND: American Title Insurance Company



SCALE 1"=40'

BEAVER ISLAND
SCHOOL



LOT 4, BLOCK D, FRAZER, YERKES &
CLAYTON'S SUBDIVISION
ST. JAMES TOWNSHIP, CHARLEVOIX COUNTY, MICHIGAN.

Charlevoix Abstract & Engineering Co.

ABSTRACTS of TITLE
TITLE INSURANCE



SURVEYING
ENGINEERING

Charlevoix, Michigan.

616 547-9901

49720

I HEREBY CERTIFY that I have inspected the buildings and improvements on the property herein described and delineated; and that said buildings and improvements are within the property lines and that there are no visible encroachments upon said property, except as noted.

DEC. 16, 1988

DATE

GEORGE J. AVENDT, JR., L.L.S. 16034

FIELDWORK: T. R. A., M.T.C.

DRAWN
BY:

G.T. RUSSELL

JOB No.: 10968 c SM



ADVANCED Tax Parcel Map

This map has a margin of error of +/-30 feet and is NOT meant to distinguish any legal boundary, CANNOT be used in place of a survey, and cannot be used for any legal representation of property lines.

PIN: 013-578-004-00
Owner: RYCRAFT RANDY R & RENEE M
Owner Address: 1924 PINE RD
HOMEWOOD, IL 60430
Property Address: 37965 KINGS HWY
BEAVER ISLAND, MI 49782
Property Class: 401
School District: 15010
PRE: 0%
2021 SEV: \$88,500
2021 Taxable: \$52,271
Status: TAXABLE
GIS Estimated Acreage: 0.3
Parcel Link: [013-578-004-00](#)

Road Centerlines

civicpoly

Parcels

20 m
50 ft

