APPLICATION FOR ZONING PERMIT	Case No. 8 - 1927			
(Expires 1 year from date of issuance.)	Date Received: 9 130133			
Expires I year from date of issuances	Permit Issued://			
The state of the s	Permit Denied://			
Charlevoix County, Michigan	Action To the Planning			
(Please print clearly or type	Deferred: Commission			
all information.) FEE AMOUNT: \$ 70 (See Attached Schedule)	() To the ZBA			
	Reason Deferred:			
Check # 7/20				
(Make check payable to appropriate township.)				
I. Identification - Complete the following:				
A. Property Owner(s) BEN 7069	West Olive MI			
Addiess) - 11 Chair Illeant	10000			
	O los to to			
B. Applicant, if other than property owner $\not\vdash m$	Confractor			
Address 33280 2451 SIDE DIL	11/10 0074			
Zip Code 49782 Phone	231 498 - 2017			
C. Legal description of property for which Zoning	Permit is being requested, (attach			
separate sheet, if necessary):	5 Michigan AVE			
Street address of property (required)				
Property tax ID no. 15 - 013 - 223 - C	(By P 1 R-2 A H etc.)			
Zoning District in which property is located	(Ex. R-1, R-2, A, 11, ccc.)			
Are there any dedicated rights-of-way or easen	nents which about of traverse part of			
11 Cal - subject property?				
(IT yes, IIIu	strate locations on sketch plan.)			
D. Furnish evidence of the following:				
Driveway/Road Permit, obtained from the Charleviox Co.	ounty Road Commission.			
 Property address, obtained from the Charleviox Co. Equal 	dization Dept.			
Proof of ownership of the property on which use will occ	ur,			
 Health Dept, approval/permit for on-site septic system or 	hook-up to sewer system.			
to disable aits is within 500 feet of	a lake or stream.)			
 Soil and Erosion permit, (if the site is within 500 less of the control of the proposed structure, the Zoning Administrator. 				
Complete the following:	nare feet or acres . 04 Acres			
A. Lot dimensions 171 X 100; Total squ	nare feet or acres			
A. Lot dimensions 1/1 x (100; Total safe B. Exterior dimensions of proposed structure 2.	5 x 77; Height 23 ft.			
C. Proposed use:	D-sidential			
Residential	Non-Residential			
One Family	(') Commercial			
() Two or more family	specify			
Number of units				
() Transient hotel or motel	() Industrial			
Number of units	specify			
() Mobile Home				
() Accessory building	() Other			
specify	specify			
() Other (Specify)				
() Other (operation				

General	Information	(continued)
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F.	Type of improvement: (check as many as appropriate)
	New Building () Repair, replacement
	() Addition () Wrecking
	() Alteration
	() Earth change involving land within 500 feet of a lake or stream;
	Number of feet to the water 501-
	Body of water involved LAKE Michigan
G.	Names of Contractors involved in the project:
	KM Contractors
	Wojan Excellen
	Whiam Sacaratum
	A CONTRACT OF THE PARTICIPAL O
III. Co	omplete 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.)
Н.	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.

Signature of Owner or Duly Authorized Legal Agent

SHOW THE FOLLOWING ON YOUR SITE PLAN:

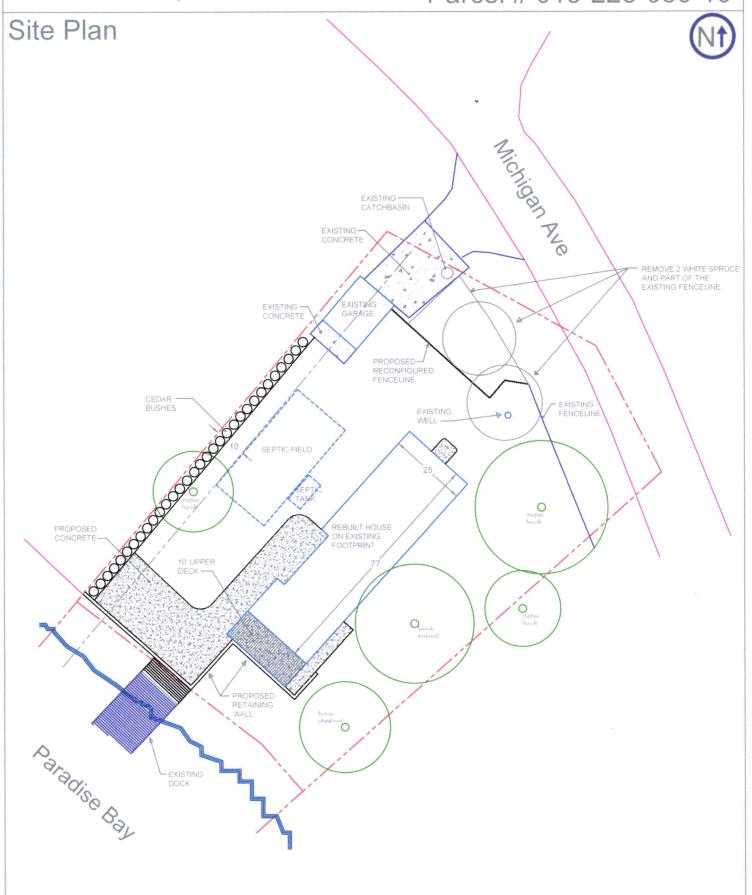
- a) An arrow indicating NORTH.
- b) All items listed in Section III of page 2.

SITE PLAN

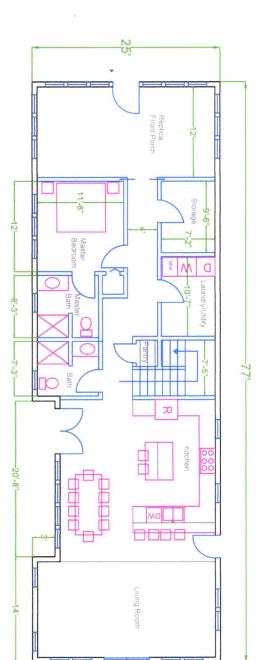
SEE ATTACHED Sheets.

38195 Michigan Ave Beaver Island, MI 49782

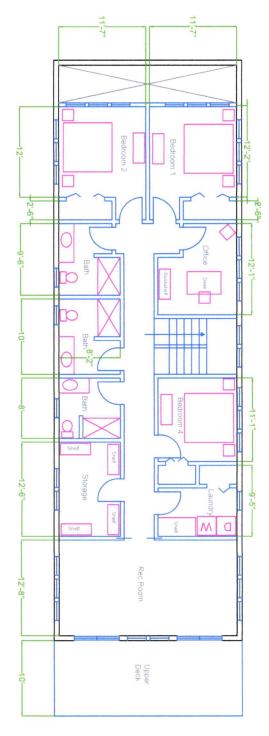
Residence of Ben Fogg Parcel # 013-223-030-10



FLOOR PLAN

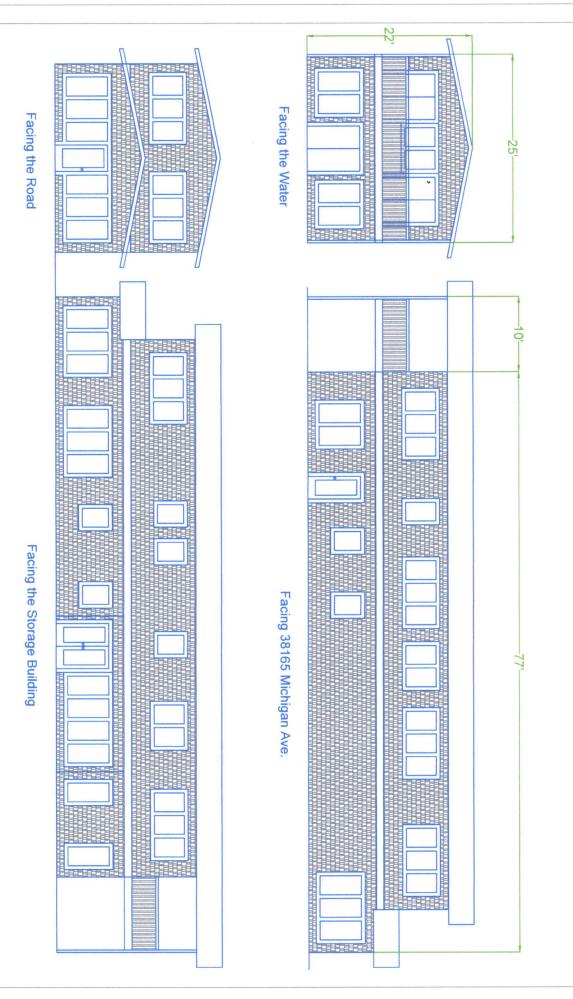


FIRST FLOOR



SECOND FLOOR

ELEVATIONS



CHARLEVOIX COUNTY

Department of Building Safety 13513 Division St

Charlevoix, MI 49720 Phone: (231) 547-7236 Fax: (231) 547-7250

PERMIT

PERMIT:

PS2023-0092

CASTAL BAC

Issued: 08/15/2023 Expires: 08/14/2025

APPLICANT

FOGG BENJAMES FTRUST 5511 QUAIL MEADOW CT WEST OLIVE ML 49460

Phone:

OWNER

FOGG BENJAMES I TRUST 5511 OUAIL MEADOW CT WEST OLIVE MI 49460

10 m

Phonei

JOB LOCATION: **38195 MICHIGAN AVE**

CTTY/TWP: " ST.JAMES

PROPERTY #: 15-013-229-030-10

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service processors of the first excellent

Under the provision of Part 91, Soil Brogion & Sedimentation Control, Act 451 of the Public Acts of 1994. and the Charlevoix County Stommwater Ordinance, authority is hereby granted for:

Work Description: REMOVE EXISTING HOME AND CONSTRUCT NEW, DISTALL R

5 77 78 7 2 74 75

CONCRETE PATIO.

Project Priority:

Responsible Party:

FOGG BENJAMES J TRUST

CEA Signature Russell Smith

PERMIT CONDITIONS

1) The Permitted activity shall be completed in accordance with the approved plans and specifications, and the attached general and specific conditions

- 2) This permit does not waive the necessity for obtaining all other federal, state or local permits.
- 3) Permittee shall notify the permitting agency within one week after completeing the permitted activity or one week prior to the permit expiration date, whichever comes first.

REMARKS:

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			민준이는 보고 없었다고 하는데?						

THIS PERMIT WILL NOT TAKE THE PLACE OF ANY PERMIT THAT MAY BE REQUIRED BY THE DEQ OR ARMY CORP. OF ENGINEERS. ISSUANCE OF THIS PERMIT WILL AUTHORIZE ACCESS FOR ONSITE INSPECTIONS BY THIS DEPARTMENT DURING REASONABLE HOURS.

Fee Total: Amount Paid: \$130.00 \$130.00

Ralance Due:

\$0.00