

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: \$ 75 (See Attached Schedule)

Check # 7730

(Make check payable to appropriate township.)

I. Identification - Complete the following:

- A. Property Owner(s) BEW 7099
Address 5511 Quail Meadow CT West Olive MI
Zip Code 49460 Phone (616) 994-6771
- B. Applicant, if other than property owner KM Contractors
Address 33280 EAST SIDE DR
Zip Code 49782 Phone (231) 448-2074
- C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary):
Street address of property (required) 38195 Michigan Ave
Property tax ID no. 15-013-223-030-10
Zoning District in which property is located MR (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 177 X 100; Total square feet or acres .04 acres
- B. Exterior dimensions of proposed structure 25 X 77; Height 22 ft.
- C. Proposed use:
- | | |
|--|--|
| Residential | Non-Residential |
| <input checked="" type="checkbox"/> One Family | <input type="checkbox"/> Commercial
specify _____ |
| <input type="checkbox"/> Two or more family
Number of units _____ | <input type="checkbox"/> Industrial
specify _____ |
| <input type="checkbox"/> Transient hotel or motel
Number of units _____ | <input type="checkbox"/> Other
specify _____ |
| <input type="checkbox"/> Mobile Home | |
| <input type="checkbox"/> Accessory building
specify _____ | |
| <input type="checkbox"/> Other (Specify) _____ | |

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.

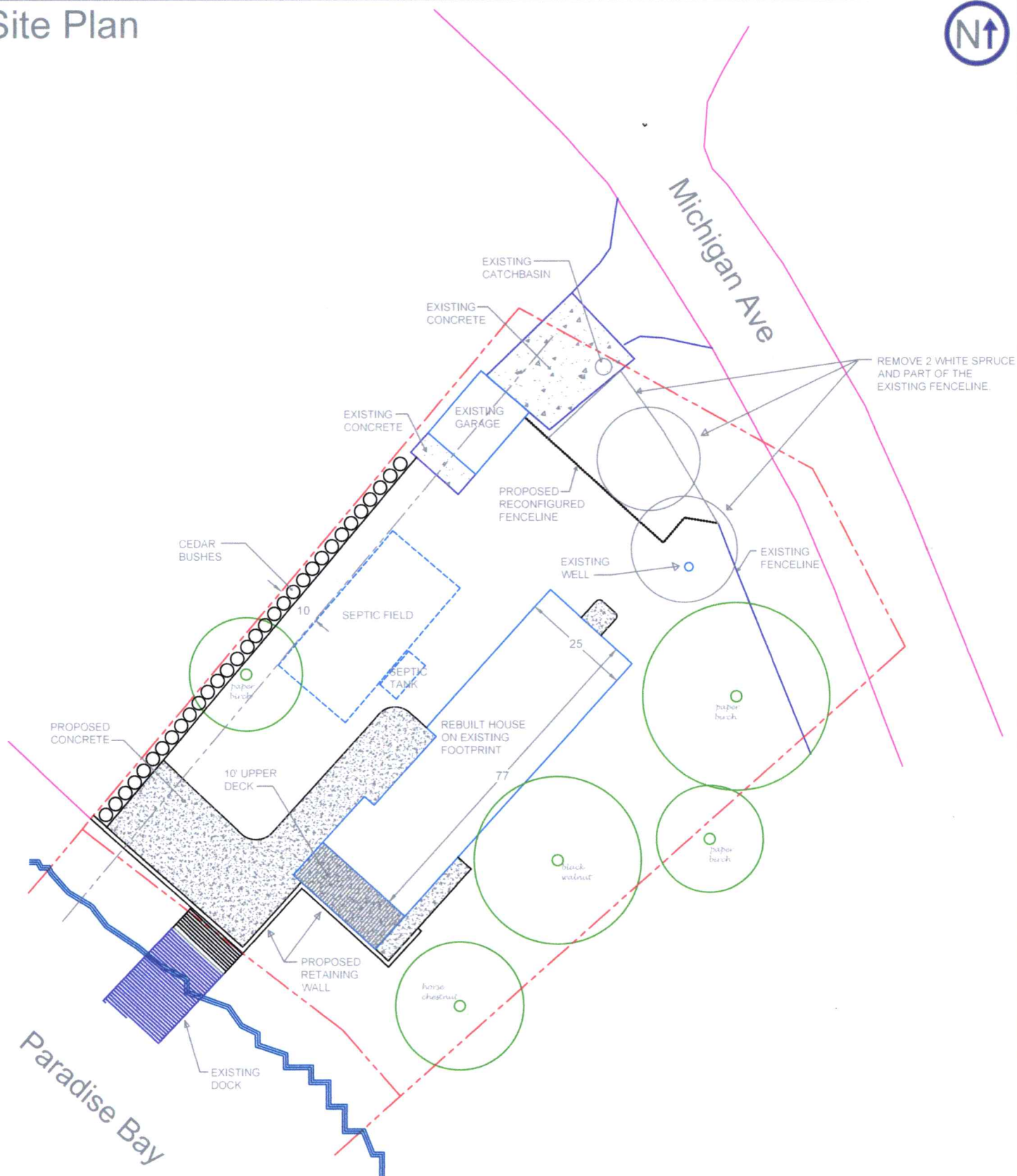
SITE PLAN

SEE ATTACHED SHEETS.

38195 Michigan Ave
Beaver Island, MI 49782

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

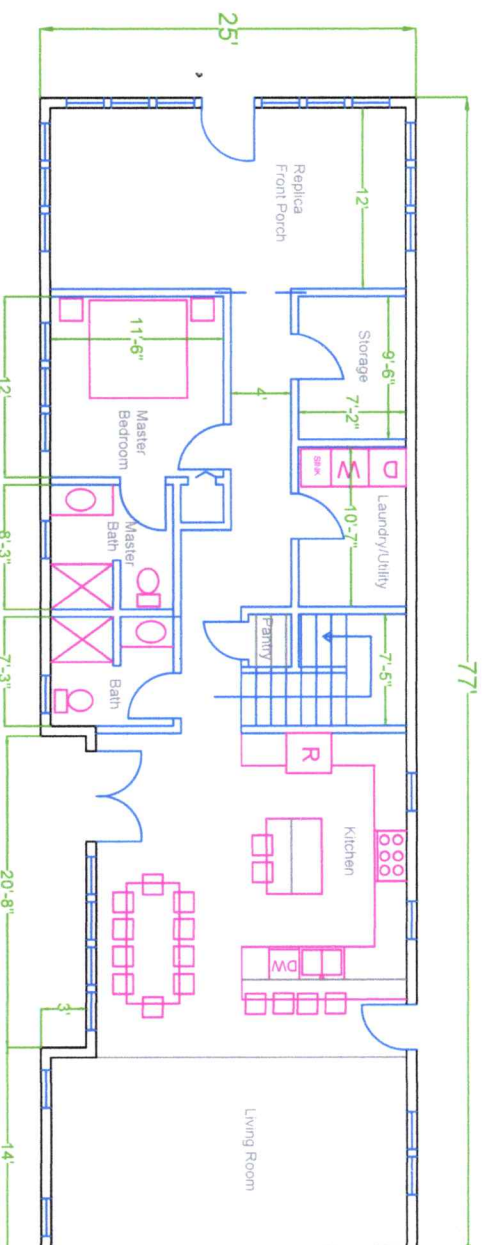
Site Plan



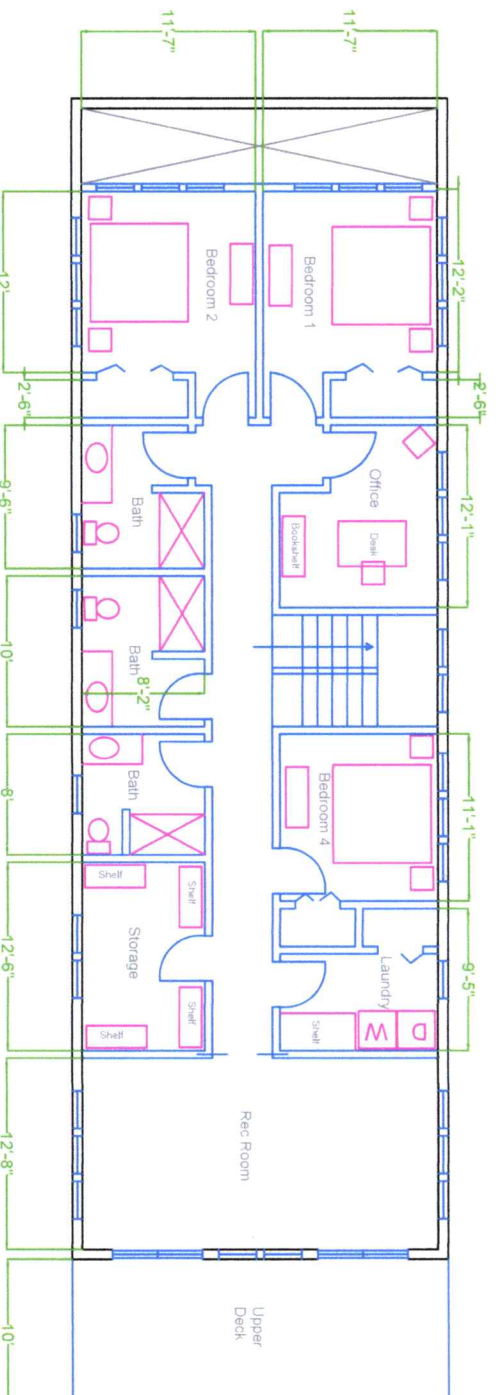
38195 Michigan Ave.
Beaver Island, MI 49782

Residence of Ben Fogg
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FLOOR PLAN



FIRST FLOOR

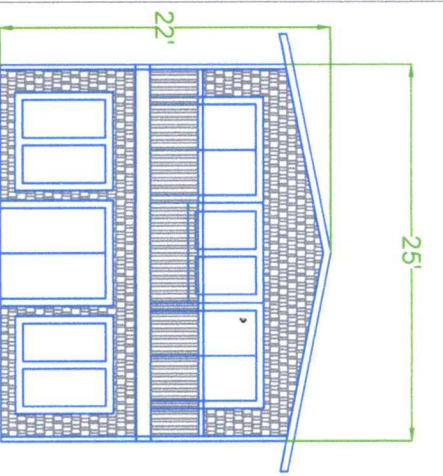


SECOND FLOOR

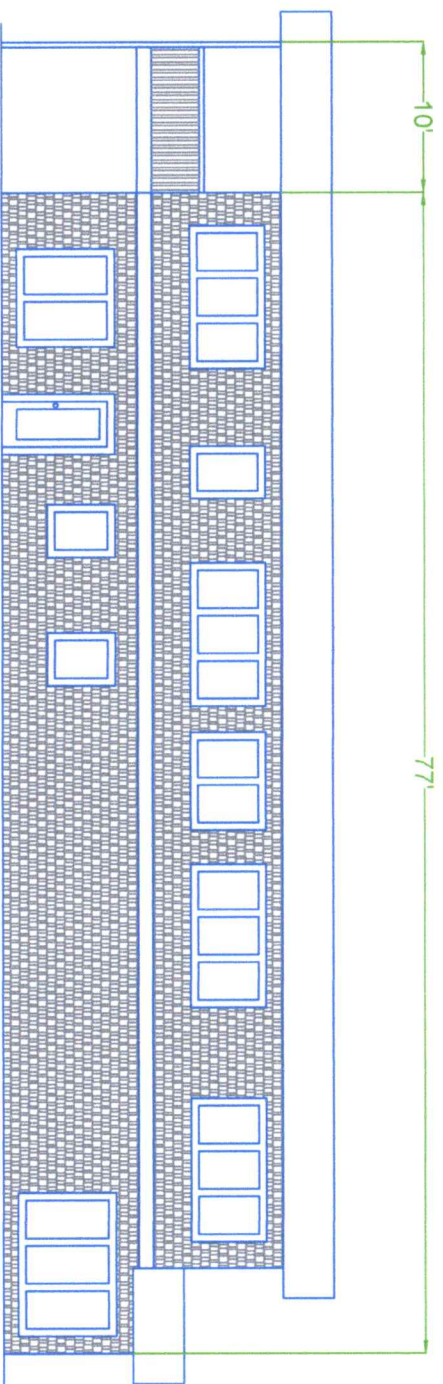
38195 Michigan Ave.
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Residence of Ben Fogg
Parcel # 013-223-030-10

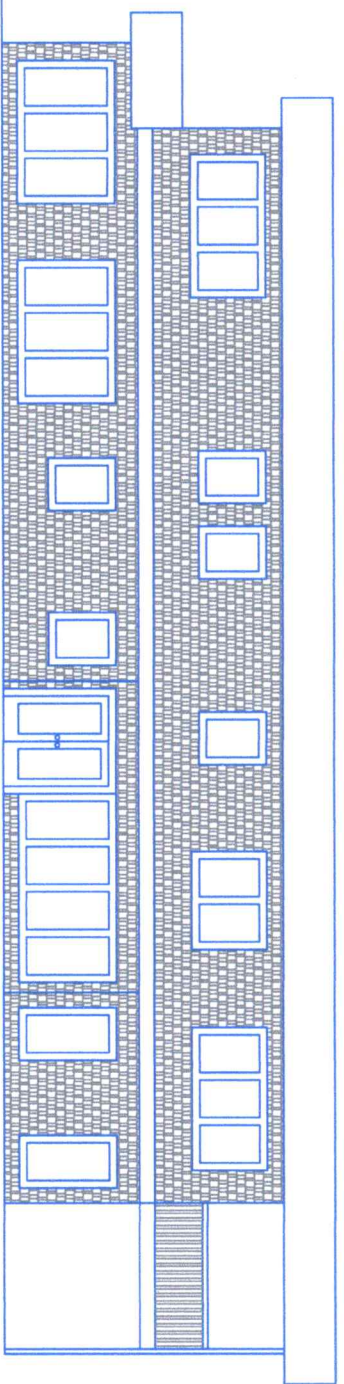
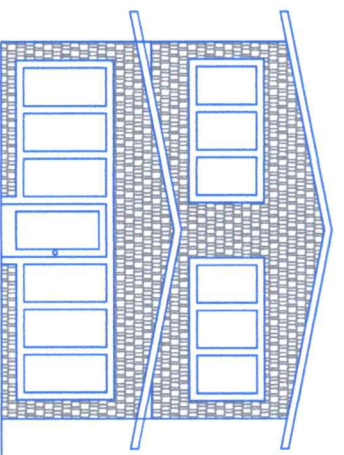
ELEVATIONS



Facing the Water



Facing 38165 Michigan Ave.



CHARLEVOIX COUNTY

Department of Building Safety
13513 Division St
Charlevoix, MI 49720
Phone: (231) 547-7236
Fax: (231) 547-7250

PERMIT**PERMIT: PS2023-0092**

Issued: 08/15/2023

Expires: 08/14/2025

APPLICANT

FOGG BENJAMES J TRUST
5511 QUAIL MEADOW CT
WEST OLIVE MI 49460
Phone:

OWNER

FOGG BENJAMES J TRUST
5511 QUAIL MEADOW CT
WEST OLIVE MI 49460
Phone:
Fax:

JOB LOCATION: 38195 MICHIGAN AVE**CITY/TWP:** ST JAMES**PROPERTY #:** 15-013-223-030-10

Under the provision of Part 91, Soil Erosion & Sedimentation Control, Act 431 of the Public Acts of 1964, and the Charlevoix County Stormwater Ordinance, authority is hereby granted for:

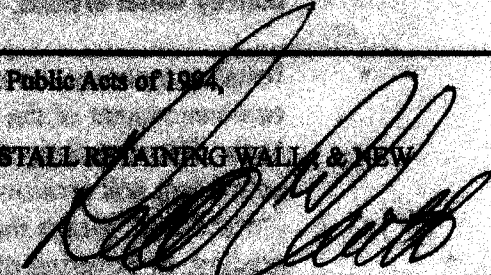
Work Description: REMOVE EXISTING HOME AND CONSTRUCT NEW, INSTALL RETAINING WALL & NEW CONCRETE PATIO.

Project Priority: Soil Erosion

Responsible Party: FOGG BENJAMES J TRUST

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 completing the permitted activity or one week prior to the permit expiration date, whichever comes first.

REMARKS:

CEA Signature
Russell Smith

Permit Item	Work Type	Fee	Fee Basis	Item Total
Administration Fee	Standard Item		1.00	55.00
Res - SF Dwelling up to 1 Acre	Standard Item		1.00	75.00

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: \$130.00
Amount Paid: \$130.00
Balance Due: \$0.00

POST THIS CARD SO IT IS VISABLE FROM THE STREET.