

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 # _____

(Make check payable to appropriate township.)

I. **Identification** - Complete the following:

A. Property Owner(s) Tracy Piquin & Susan McDermott

Address PO Box 467 Beaver Island MI 49780

Zip Code 49782 Phone () _____

B. Applicant, if other than property owner Nick Olson

Address PO Box 475 Beaver Island, MI

Zip Code 49782 Phone (231) 675-8180

C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary): Unit 15 Kames Woods Condo

Street address of property (required) 26705 Waizen Rd

Property tax ID no. 15-013-590-015-00

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? Buried utilities located w/ county road ROW
(If yes, illustrate locations on sketch plan.)

D. Furnish evidence of the following:

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

II. **General information** - Complete the following:

A. Lot dimensions X; Total square feet or acres 1.08

B. Exterior dimensions of proposed structure 64 X 38; Height 16 ft.

C. Proposed use:

Residential

- One Family
- Two or more family
- Number of units _____
- Transient hotel or motel
- Number of units _____
- Mobile Home
- Accessory building
- specify _____
- Other (Specify) _____

Non-Residential

- Commercial
- specify _____
- Industrial
- specify _____
- Other
- specify _____

Case No. 5-1936
 Date Received: 4/10/24
 Permit Issued: _____
 Permit Denied: _____
 Action To the Planning
 Commission
 To the ZBA
 Reason Deferred: _____

General Information (continued)

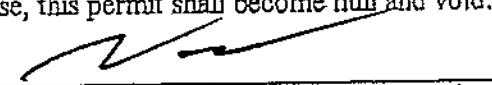
- F. Type of improvement: (check as many as appropriate)
- | | |
|---|--|
| <input checked="" type="checkbox"/> New Building | <input type="checkbox"/> Repair, replacement |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Wrecking |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Moving, relocation |
| <input type="checkbox"/> 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:
- PRIME CONTRACTOR: STEVENSON CONSTRUCTION
- KAAH WELL DRILLING
- JIM WATAN EXCAVATING
- ROBERT'S JOHN SERVICE
- OTHERS TO BE DETERMINED

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.



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

Refer to attached site plan

SITE PLAN

OWNER: TRACY SPAQUIN / SUSAN J. McDERMOTT

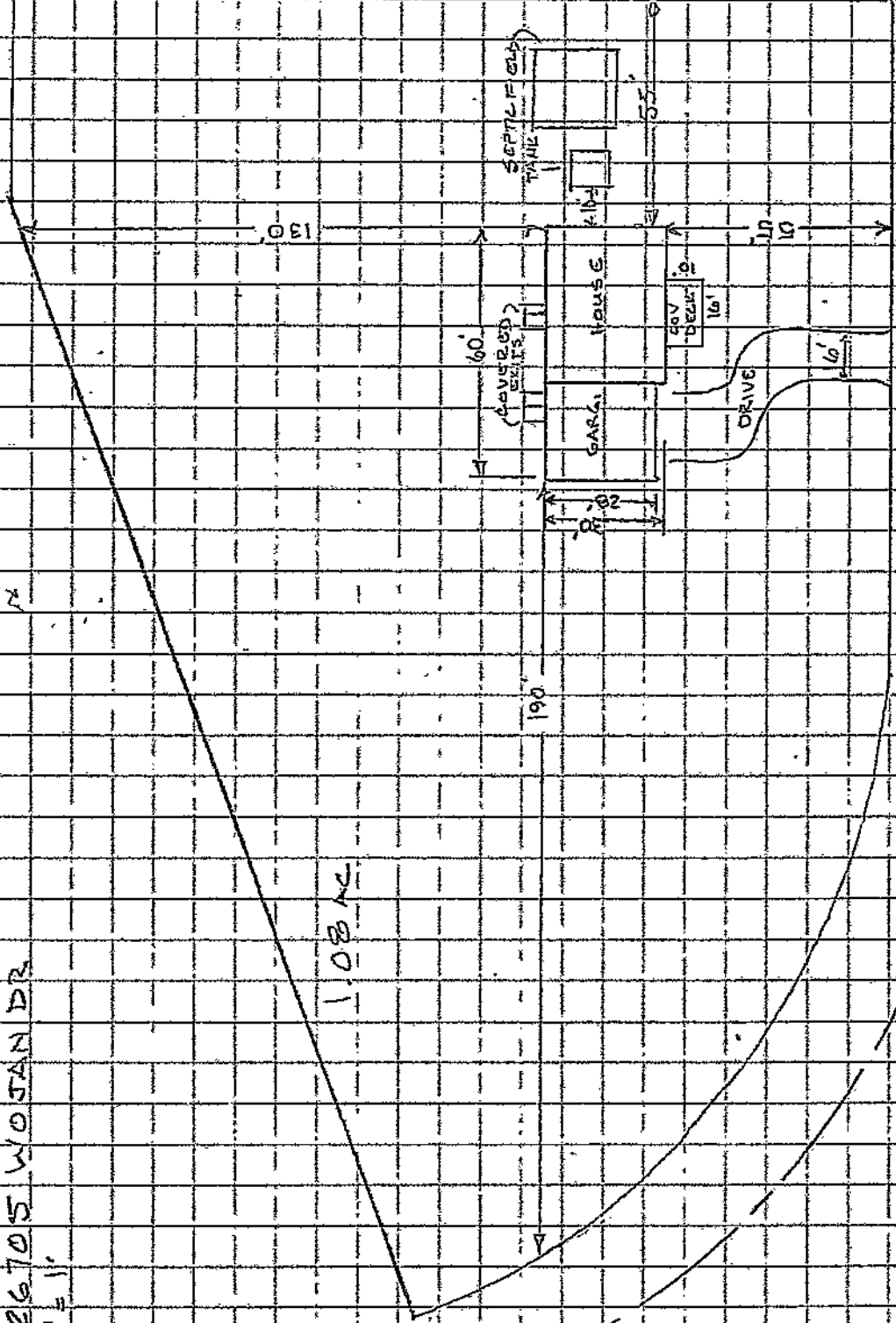
AGENT/CONTRACTOR: OLSON CONSTRUCTION

PERM: 213-590-015-00

ADDRESS: 26705 WOSJAN DR

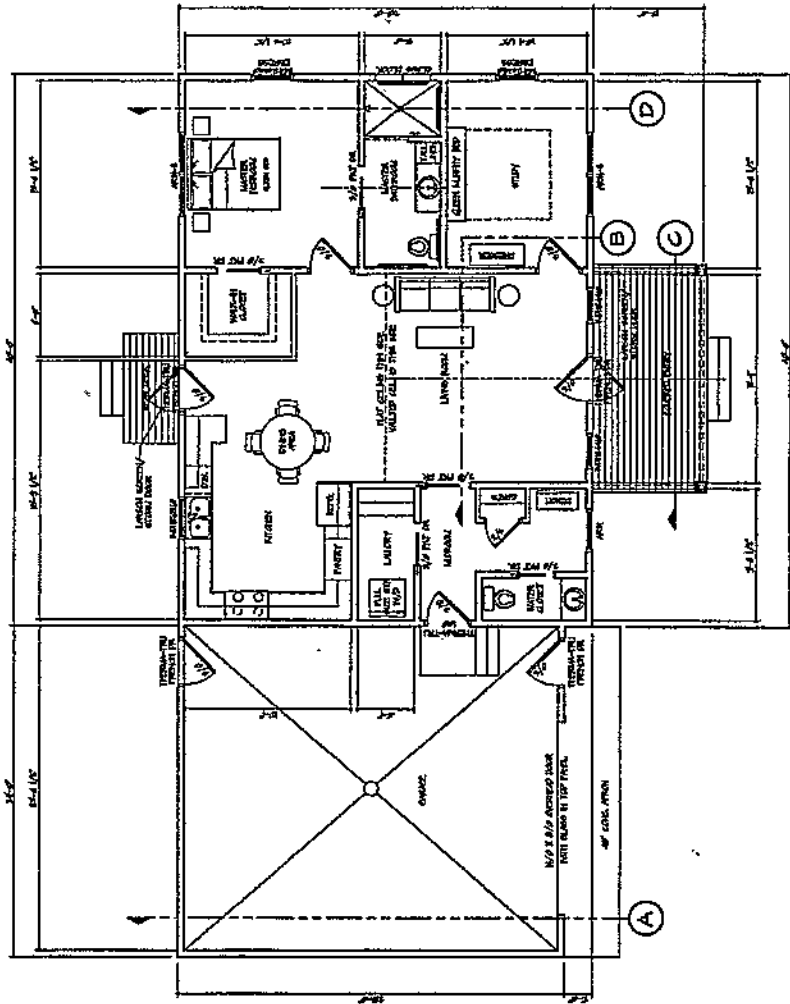
SCALE: 1/4" = 1'

1.08 AC.



DOOR SCHEDULE		WINDOW SCHEDULE	
NO. 1	6'0" x 8'0" SLIP DOOR	W-1	4'0" x 6'0" DOUBLE HUNG
NO. 2	6'0" x 8'0" SLIP DOOR	W-2	4'0" x 6'0" DOUBLE HUNG
NO. 3	6'0" x 8'0" SLIP DOOR	W-3	4'0" x 6'0" DOUBLE HUNG
NO. 4	6'0" x 8'0" SLIP DOOR	W-4	4'0" x 6'0" DOUBLE HUNG
NO. 5	6'0" x 8'0" SLIP DOOR	W-5	4'0" x 6'0" DOUBLE HUNG
NO. 6	6'0" x 8'0" SLIP DOOR	W-6	4'0" x 6'0" DOUBLE HUNG
NO. 7	6'0" x 8'0" SLIP DOOR	W-7	4'0" x 6'0" DOUBLE HUNG
NO. 8	6'0" x 8'0" SLIP DOOR	W-8	4'0" x 6'0" DOUBLE HUNG
NO. 9	6'0" x 8'0" SLIP DOOR	W-9	4'0" x 6'0" DOUBLE HUNG
NO. 10	6'0" x 8'0" SLIP DOOR	W-10	4'0" x 6'0" DOUBLE HUNG
NO. 11	6'0" x 8'0" SLIP DOOR	W-11	4'0" x 6'0" DOUBLE HUNG
NO. 12	6'0" x 8'0" SLIP DOOR	W-12	4'0" x 6'0" DOUBLE HUNG
NO. 13	6'0" x 8'0" SLIP DOOR	W-13	4'0" x 6'0" DOUBLE HUNG
NO. 14	6'0" x 8'0" SLIP DOOR	W-14	4'0" x 6'0" DOUBLE HUNG
NO. 15	6'0" x 8'0" SLIP DOOR	W-15	4'0" x 6'0" DOUBLE HUNG
NO. 16	6'0" x 8'0" SLIP DOOR	W-16	4'0" x 6'0" DOUBLE HUNG
NO. 17	6'0" x 8'0" SLIP DOOR	W-17	4'0" x 6'0" DOUBLE HUNG
NO. 18	6'0" x 8'0" SLIP DOOR	W-18	4'0" x 6'0" DOUBLE HUNG
NO. 19	6'0" x 8'0" SLIP DOOR	W-19	4'0" x 6'0" DOUBLE HUNG
NO. 20	6'0" x 8'0" SLIP DOOR	W-20	4'0" x 6'0" DOUBLE HUNG

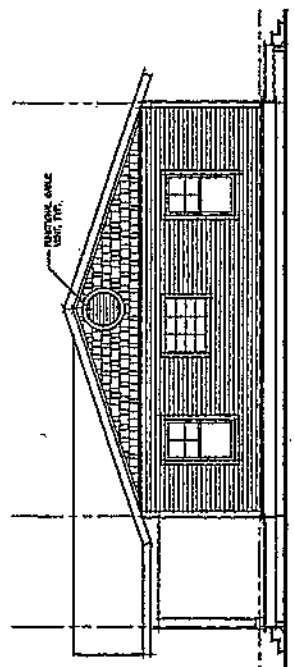
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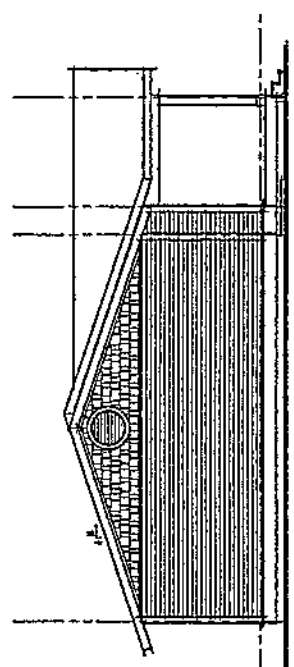
FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"

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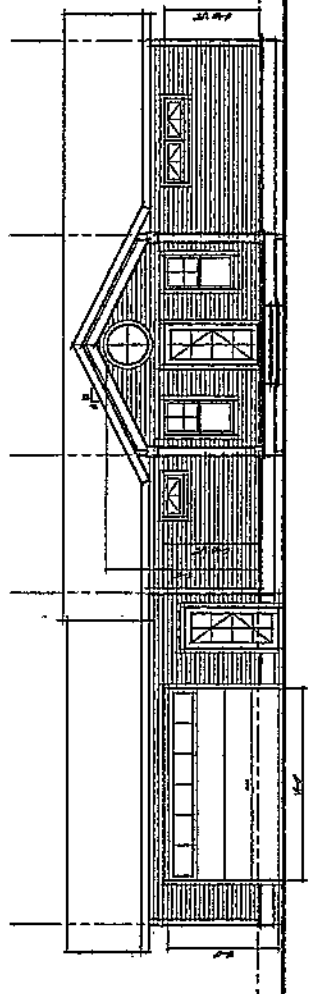
	MICHAEL H. KAISER, LLC dba ZEE DESIGN 1000 W. 10th Street, Suite 100, Phoenix, AZ 85001 PHOENIX, AZ 85001 TEL: (602) 998-8888 WWW.ZEEDESIGN.COM	PROJECT: P-1901 / MCFERRELLI RESIDENCE DATE: 01/20/24 SCALE: 1/4" = 1'-0"	CLIENT: ALAN CONSTRUCTION ADDRESS: 1000 W. 10th Street, Suite 100, Phoenix, AZ 85001
	DESIGNER: MICHAEL H. KAISER, LLC dba ZEE DESIGN DATE: 01/20/24 SCALE: 1/4" = 1'-0"	PROJECT: P-1901 / MCFERRELLI RESIDENCE DATE: 01/20/24 SCALE: 1/4" = 1'-0"	CLIENT: ALAN CONSTRUCTION ADDRESS: 1000 W. 10th Street, Suite 100, Phoenix, AZ 85001



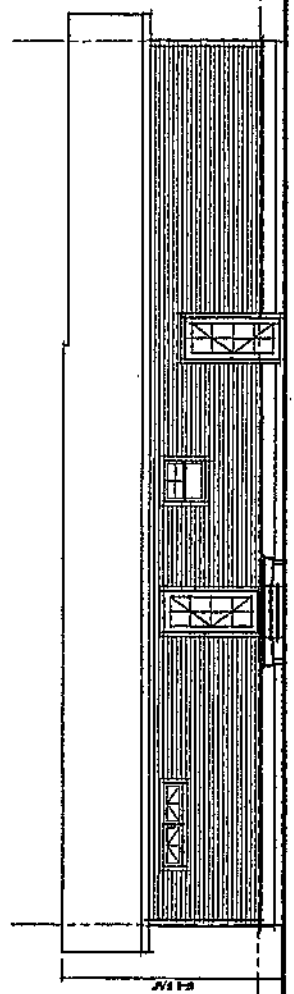
RIGHT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



LEFT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



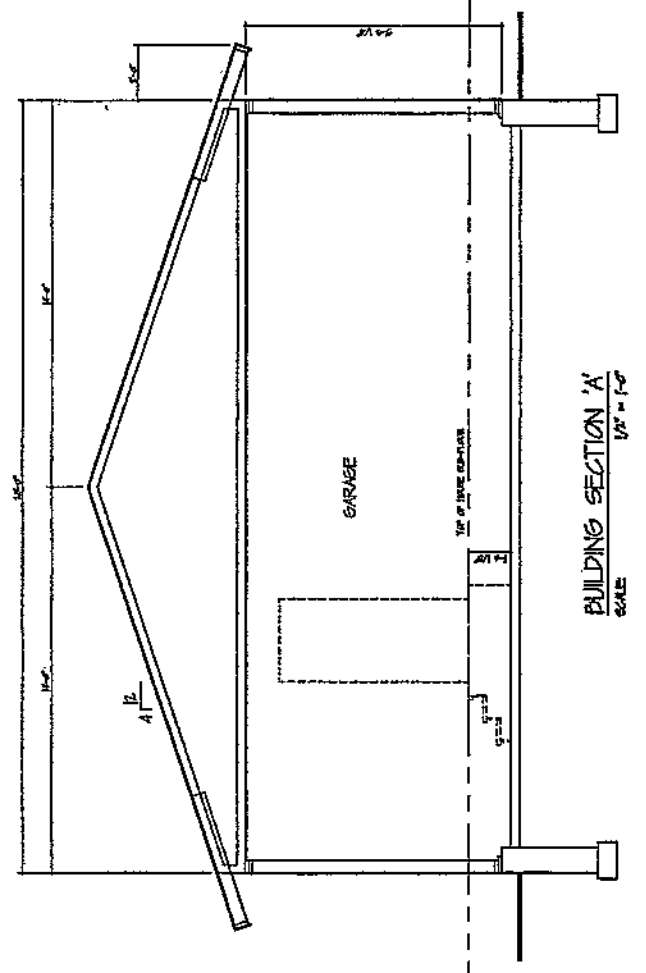
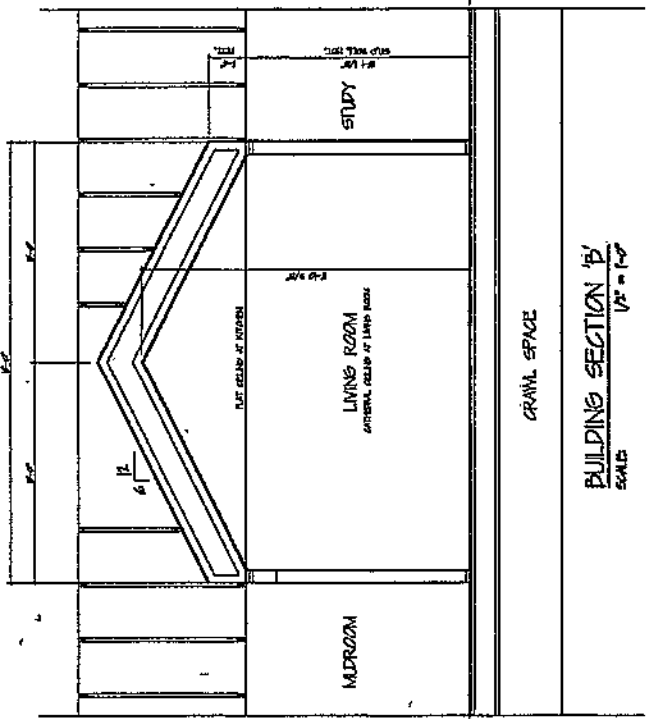
FRONT ELEVATION
SCALE: 1/4" = 1'-0"



REAR ELEVATION
SCALE: 1/4" = 1'-0"

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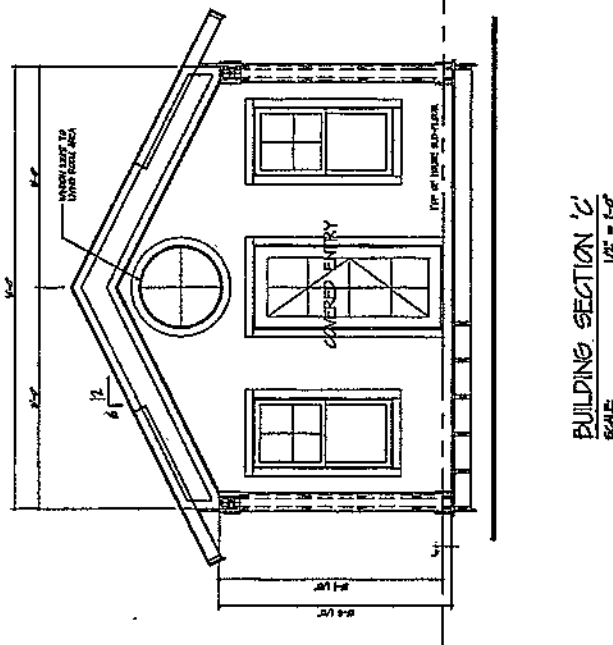
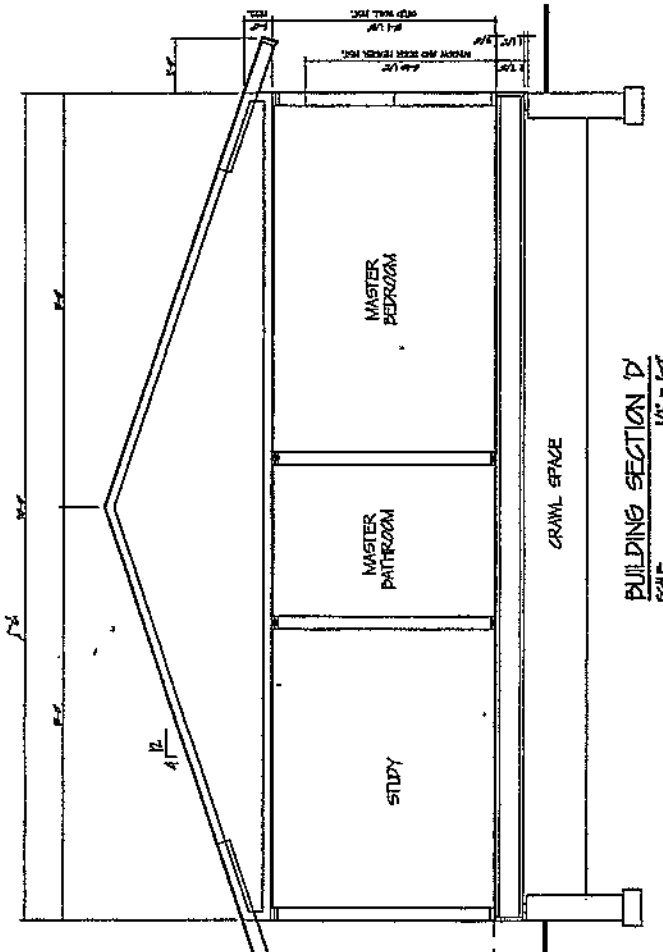
3	DATE: 01/09/24	REVISIONS:
	APP. NO.: 1000-24	
MICHAEL H. KASUBE ARCHITECTS		
MICHAEL H. KASUBE (251) 347-9294		
BUILDING SECTIONS		
-PAQUIN / MCFERRIN RESIDENCE		
1000-24		
ARCHITECTS		
MICHAEL H. KASUBE, LLC AND ZSE DESIGN		
www.zse.com		
1000-24		
ARCHITECTS		
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www.zse.com		



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4	DATE	02/24/24	REVISIONS	
	PROJECT	MADENWALT RESIDENCE		
	CLIENT	MICHAEL H. KASOYEC (214) 947-9094		
	ARCHITECT	MICHAEL H. KASOYEC / MADENWALT RESIDENCE - PAVILION / ALSON CONSTRUCTION		

MICHAEL H. KASOYEC, LLC
 ARCHITECTS
 1100 WEST 19TH STREET, SUITE 100
 DALLAS, TEXAS 75202
 TEL: (214) 947-9094
 WWW.MHKASOYEC.COM



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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.

Menu

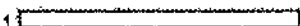


Feature Info

PIN: 013-590-015-00
 Owner: PAQUIN TRACY JO/MCDÉRMOTT SUSAN J
 Owner Address: PO BOX 467
 BEAVER ISLAND, MI 49782
 Property Address: 26705 WOJAN RD
 BEAVER ISLAND, MI 49782
 Property Class: 402
 School District: 15010
 PRE: 0%
 2023 SEV: \$12,000
 2023 Taxable: \$687
 Status: TAXABLE
 GIS Estimated Acreage: 1.1
 Parcel Link: [013-590-015-00](http://cms.revize.com/revize/apps/charlevoixcounty/pnum=013-590-015-00)
 (<http://cms.revize.com/revize/apps/charlevoixcounty/pnum=013-590-015-00>)

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 (<https://mangomap.com/>)

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HEALTH DEPARTMENT
of Northwest Michigan

Health Department of Northwest Michigan Charlevoix
220 West Garfield
Charlevoix, MI 49720
(231) 547-6523

**PROVIDE TO
WELL DRILLER**

Permit Issued To:
Tracy Paquin
26705 Wojan Rd
Beaver Island, MI 49782
(269) 455-0311

Mail Permit To:
Nick Olson
27410 Pine Chip Rd
Beaver Island, MI 49782

Permitted Location:			
Address:	26705 Wojan Rd	Permit Number:	C23-244
County:	Charlevoix	Permit Type:	Septic and Well Permit
Township:	St. James	Section:	27
Subdivision:	Karnes Woods Condo	Lot:	15
Tax ID #:	15-013-590-015-00	Replacement or Repair:	No
		Residential/Non-Residential:	Residential

Design Criteria			
Number of Bedrooms:	2	Soil Classification:	S (Sand)
Gallons Per Day:	250	Seasonal High Water Table:	>74 inches

System Design Specifications							
Septic Tank		Gallons	Proposed changes to permit must be approved prior to installation. Call our office at the number listed above if you have any questions regarding this permit.				
		1000					
Design Type	Absorption Area	Size of Pipe	Number of Laterals	Length of Drained	Width of Drained	Max. Depth of Bed Bottom	Pipe Spacing
Drained	500 Sq. Ft.	4"	5	25 Feet	20 Feet	26"	4 Feet

Permit Requirements/Conditions:

1. Isolate all portions of the system a minimum of 50' from all water well(s).
2. Contractor responsible for maintaining 10' from all property lines with any portion of the wastewater system.
3. Replacement drainfield area is identified directly NORTH of initial drainfield location. Drainfield replacement area should remain in a natural, undisturbed state, free of buildings, driveways, trees, etc.
4. Remove any trees in drainfield area to avoid root intrusion. Strongly recommend 15'-20' perimeter around new drainfield.
5. Wastewater system must remain uncovered for final inspection and approval.
6. Premises is limited to use of a two bedroom residence and maximum occupancy of four people.
7. Protective overburden is a clay or unfractured rock layer with a minimum thickness of 10 ft. (not accumulative).

ALL WELL PERMIT CONDITIONS

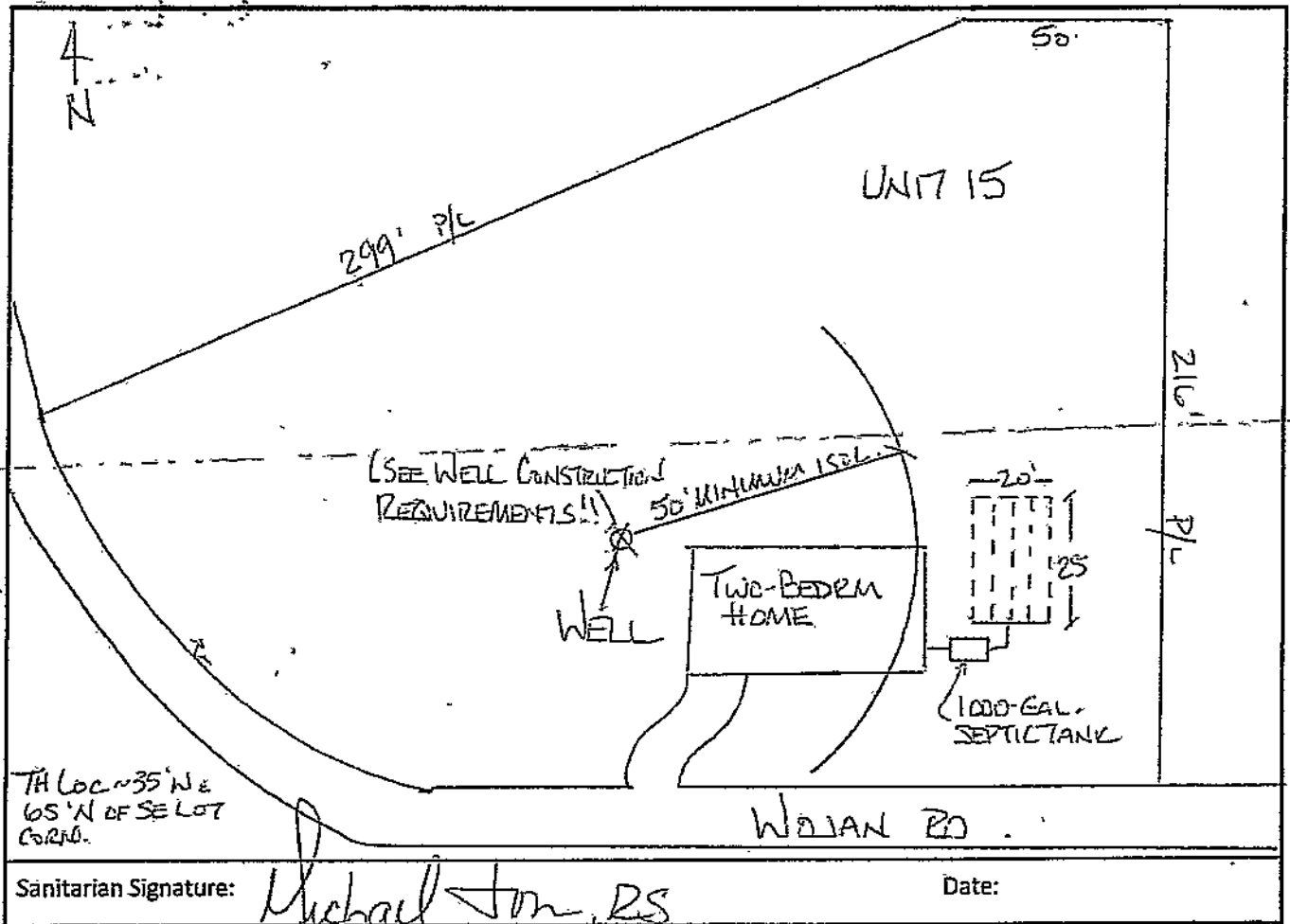
1. Owner responsible to obtain a safe bacteriological water sample prior to use. Sample bottles available at health department offices.
2. Well driller is required to submit a well record to the owner and the health department within 60 days of well completion.
3. Isolate the new well a minimum of 50' from any potential sources of contamination, including all portions of the septic system.
4. Water well shall be drilled to a minimum depth of 150 ft. below the ground surface or through an adequate protective overburden of clay limestone. Water well shall be permitted in the upper aquifer (0-40 ft.) due to lack of protective overburden.

issued by: Michael Jones, RS BSEH
EH Supervisor/Sanitarian

Date Issued: September 26, 2023
Permit Expires 2 years from date issued.

Site Plan Drawing Attached or on Reverse Side

Share your experience with us by visiting www.nwhealth.org and completing a client satisfaction survey.



TH - Test Hole, ST - Septic Tank, PC - Pump Chamber, DF - Drainfield, BM - Benchmark, P/L - Property Line, FM - Forcemain

BENCHMARK LOCATION: N/A

RELATIVE ELEVATION: _____ BENCHMARK ELEVATION: _____ ft.

BOTTOM OF STONE ELEVATION: _____ ft.

FINAL INSPECTIONS AND APPROVALS (Section 4-15): "...The owner or owner's agent shall notify the Health Officer when the wastewater system is installed and the project is ready for inspection. Notification must be provided a minimum of TWO (2) WORKING DAYS prior to anticipated system completion and desired final inspection by the Health Officer..."

BEFORE calling for final inspection: Make sure, at a minimum, the following that apply are **COMPLETED**:

- Septic tank, baffle, filters, solid outlet piping (sch40/SDR35), pump chamber and risers installed
- Riser Lids comply with 59 pound weight standard (ASTM 1227 70-C).
- Pump installation is complete and ready for inspection
- Pump chamber is full of water and ready for pressure test, if applicable
- Alarm and floats are functional and energized
- All drainfield materials are installed and ready for inspection
- Filter Fabric is placed over stone

Fees may be charged for incomplete installations that require follow-up inspections for system Approval

**CHARLEVOIX COUNTY
ROAD COMMISSION**
1251 Boyne Avenue
Boyne City, MI 49712
231.582.7330

Applicants Job No. _____

<u>County Use Only</u>	
Permit No.	<u>D24011</u>
Issue Date	<u>4-4-24</u>
Permit Fee	<u>\$25.00</u>
Bond No.	_____
Amount	_____

APPLICATION AND PERMIT

To construct, operate, maintain, use and/or remove within a county road right-of-way
If applicant hires a contractor to perform the work, BOTH must complete this form and BOTH assume responsibility for the provisions of this Application and Permit.

<p align="center">APPLICANT</p> <p>NAME <u>Nick Olson</u> ADDRESS <u>PO Box 475</u> CITY/STATE/ZIP <u>Beauver Island, MI 49782</u> TELEPHONE NO. <u>(231) 675-8180</u> Applicant's Signature <u>[Signature]</u> Title <u>OWNER OLSON</u> Date <u>3.11.24</u> <u>CONSTRUCTION</u></p>	<p align="center">CONTRACTOR</p> <p>NAME <u>J. W. WOLAN</u> ADDRESS <u>26169 KING'S HWY</u> CITY/STATE/ZIP <u>BEAUVER ISLAND, MI</u> TELEPHONE NO. <u>(231) 448-2295</u> <u>49782</u> Contractor's Signature <u>[Signature]</u> Title <u>OWNER J. W. WOLAN</u> Date <u>3.11.24</u> <u>EXCLUSION</u></p>
<p align="center">FINANCIAL REQUIREMENTS</p> <p>Application Fee \$ _____ Permit Fee \$ <u>25.00</u> Est. Inspec. Fee \$ _____ Bond \$ _____ Other \$ _____ To Be Billed \$ _____ Receipt Number <u>0145872</u> Dated <u>4/1/24</u></p>	<p align="center">ATTACHMENTS REQUIRED</p> <p>Plans and Specs _____ Bond _____</p> <p align="center">Proof of Insurance</p> <p>Yes _____ No _____ P.L. \$ _____ P.D. \$ _____ Other _____</p>

APPLICATION

Applicant and/or Contractor request a permit for the purpose indicated herein and/or in attached plans and specifications at the following location:

BUILD NEW DRIVEWAY AT NEW HOME SITE AT 26705 WOLAN RD (SOUTH LEG)
Street Names

Section 27 Township ST JAMES LOCATED WEST OF KALNES DR

CLIENTS: TRACY PAQUIN & SUSAN McDERMITS Enter street name and distance from nearest intersection or house#
PHONE: 269-455-0311

for a period beginning SPRING 2024 and ending SUMMER 2024 and agrees to the terms of the permit. It is understood that all activity resulting from the granting of this permit is to be in accordance with all Specifications and Conditions referred to or included hereon and any Attachments for Additional Requirements. It is further understood that in the event any facility covered under this Permit interferes with any future use of right-of-way for highway purposes, the Permit Holder, at his/her expense, will move or remove the facility at the direction of the Road Commission.

General Description and Nature of Request

DRIVEWAY
Use: Commercial Residential 16' width Surface: Bituminous Concrete Gravel
PER C.E.R.C.I.

CULVERT
Use: Drive Cross Type: Concrete Metal Plastic Size: _____ Dia _____ Length

UTILITY
 Water Gas Power Sanitary Sewer Telephone Cablevision
Length _____ Size _____ Distance from Centerline _____

MISCELLANEOUS
(Specify)

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Permit Holder. When Applicant hires a Contractor the "Permit Holder" is the Applicant and Contractor.

Remarks: _____
See attached

CHARLEVOIX COUNTY ROAD COMMISSION

Approved by _____

[Signature]
Signature Authorized Representative

4-4-24

Date

[Signature]

Title

- Additional Requirements

1. SPECIFICATIONS. All work performed under this permit must be done in accordance with the plans, specifications, maps and statements filed with the Commission and must comply with the Commission's current requirements and specifications on file at its office and M.D.O.T. specifications.
2. FEES AND COSTS. Permit Holder shall be responsible for and pay all fees established by the Commission in connection with the applications for an issuance of this permit.
3. BOND. Permit Holder shall provide a cash deposit, letter of credit or bond in a form and amount acceptable to the Commission at the time permit is issued, if in the sole judgement of the Commission such security is necessary before work commences.
4. INSURANCE. Permit Holder shall furnish proof of liability and property damage insurance in the amount stated on this permit naming the Commission as an insured. Such insurance shall cover a period not less than the term of this permit and shall provide that it cannot be cancelled without ten (10) days advance notice by certified mail with return receipt required to the Commission.
5. INDEMNIFICATION. Permit Holder shall hold harmless and indemnify and keep indemnified the Commission, its officers and employees from all claims, suites and judgements to which the Commission, its officers, or employees may be subject and for all costs and actual attorney fees which may be incurred on account of injury to persons or damage to property, including property of the Commission, whether due to the negligence of the Permit Holder or the joint negligence of the Permit Holder and the Commission, whether due to the negligence of the Permit Holder or the joint negligence of the Permit Holder and the Commission, arising out of the work under this permit, or in connection with work not authorized by this permit, or resulting from failure to comply with the terms of this permit, or arising out of the continued existence of the work product which is the subject of this permit.

Permit Holder shall also hold harmless and indemnify and keep indemnified the Commission, its officers and employees from all claims, suite and judgements to which the Commission, its officers or employees may be subject and for all costs and actual attorney fees which may be incurred on account of any claims which are made or brought for damage to trees or other natural vegetation arising out of the work under this permit or in connection with work not authorized by this permit, or resulting from failure to comply with the terms of this permit, or arising out of the continued existence of the work product which is the subject of this permit.



1251 Boyne Ave. • Boyne City, Michigan 49712

Phone 231-582-7330 • Fax 231-582-3110

www.charlevoixroads.org

*Patrick Klooster – Chairman • Wayne Schoonover – Vice Chairman • Keith Ogden – Member
Pat Weeks, Manager • Frank Wasylewski, Clerk • James Vanek, Staff Engineer*

4/03/2024

- No culvert required
- Finish gravel surface shall consist of MDOT spec 23A gravel, minimum 6 inches.
- Gravel shall be sloped away from Wojan Road for at least 4 feet.
- All water shall be diverted away from and shall not enter Wojan Road.
- All road Right of Way shall be restored.