

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: \$ 25.00 (See Attached Schedule)

Check # 4181

(Make check payable to appropriate township.)

I. Identification - Complete the following:

- A. Property Owner(s) John + Heidi Kalinowski
Address 5028 Thorsen Rd Sun Prairie WI
Zip Code 53590 Phone (608) 577-9456
- B. Applicant, if other than property owner _____
Address _____
Zip Code _____ Phone () _____
- C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary): See Attached Sheet
Street address of property (required) No Address Robin Woods Lot 9
Property tax ID no. 15-013-720-009-00
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? Yes
(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 _____ X _____ ; Total square feet or acres 6.5
- B. Exterior dimensions of proposed structure 0 X 0 ; Height 0 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. 5-1813

Date Received: 5/26/21

Permit Issued: 1/1/

Permit Denied: 1/1/

Action (☒) To the Planning

Deferred: Commission

() To the ZBA

Reason Deferred: IN

HARBOR DISTRICT

General Information (continued)

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

- | | |
|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair, replacement |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Wrecking |
| <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Moving, relocation |
| <input type="checkbox"/> Earth change involving land within 500 feet of a lake or stream; | |

Drive
way

Number of feet to the water _____

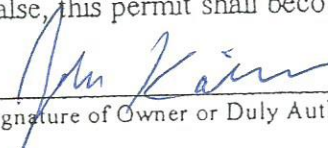
Body of water involved _____

G. Names of Contractors involved in the project:

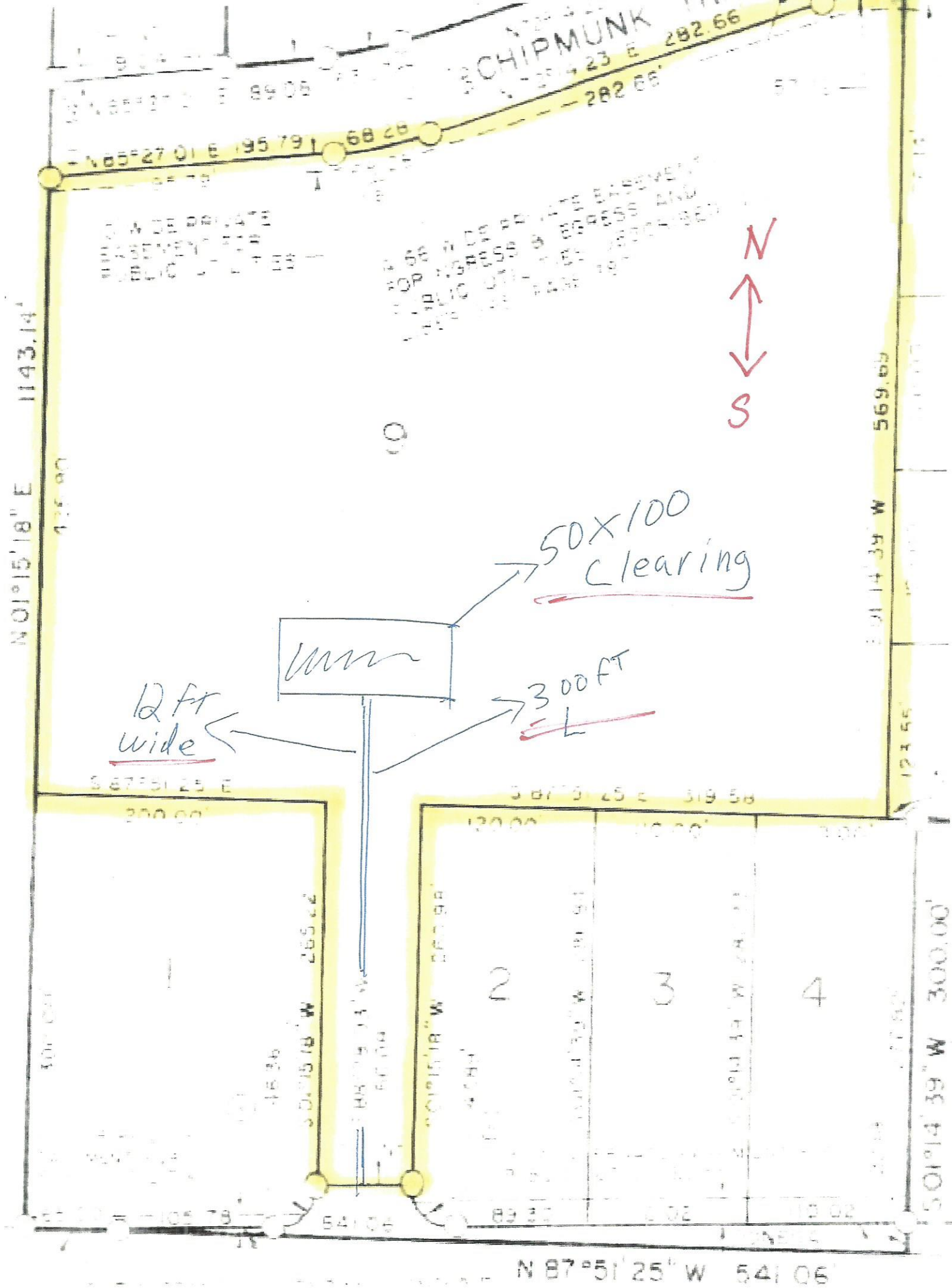
III. Complete a sketch (see page 3) or separate site plan, which MUST include:

- 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



ST JAMES TOWNSHIP
ZONING - DEVELOPMENT REVIEW APPLICATION

OFFICE USE ONLY

John Kalinowski
(applicant --person filing the application)

5028 Thorson Rd
(address)

Sun Prairie WI 53590
(city, state, zip code)

608-577-9456
(telephone, home and business)

Case number 5-1873
Date Rec'd 5/26/21
Fee Rec'd 5/26/21
Receipt # _____
Hearing date _____

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant)
same

Phone (_ _ _) _ _ _ - _ _ _

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):
Builder Agent/other _____

PROPOSED CONSTRUCTION SITE ADDRESS (if known) _____

(If new construction, an address will not be known yet.)

PARCEL SIZE 6.5 acres
PROPERTY DESCRIPTION Lot 9 Donegal Bay Rd Robin Woods Lot 9
PARCEL TAX ID NUMBER 15-0134-720-009-000
ZONING DISTRICT (see zoning ordinance) Zone H

PROJECT DESCRIPTION

Total number of structures, units, bedrooms, offices; _____
Total floor areas, _____ parking spaces, _____ garages, _____
Employment Levels for commercial and/ or industrial uses, _____
Amount of recreation and open space, type of recreation facilities to be provided as pertinent or otherwise required by this ordinance. (attach sheets if necessary) (☐ attached)

drive way

Name and address of all registered professionals involved with the proposed project, including engineers, architects, and surveyors. Plan shall contain the seal of a minimum of one (1) of the registered professionals responsible for preparation of the plan, if required by the ordinance.

Total acreage of the project 1.9

Project's proposed beginning June 4th and completion schedule July 4th by phase if the entire project is to be divided into phases.

If the project proposed is to be a condominium or site condominium, the proposed Master Deed is to be included with the application package.

Health department, soil erosion, and any other required county or state permits shall be submitted with the development plan to the Planning Commission.

RECEIVED 05/10/2021 12:53PM 2314482193
05/07/2021 09:09 2315823110

CHARLEVOIX CO RD -B1
CHARLEVOIX COUNTY RD

PAGE 01/03

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

Applicants Job No. _____

FAXED TO STATE ON 5/10/21

County Use Only

Permit No. 020081
Issue Date 5/13/21
Permit Fee \$25.00
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.

APPLICANT		CONTRACTOR	
NAME <u>John Kallinowski</u>		NAME _____	
ADDRESS <u>5028 Thorson Rd</u>		ADDRESS _____	
CITY/STATE/ZIP <u>Sun Prairie WI 53590</u>		CITY/STATE/ZIP _____	
TELEPHONE NO. (<u>808 577 9456</u>)		TELEPHONE NO. () _____	
Applicant's Signature _____		Contractor's Signature _____	
Title <u>OWNER</u> Date <u>5/10/2021</u>		Title _____ Date _____	
FINANCIAL REQUIREMENTS		ATTACHMENTS REQUIRED	
Application Fee	\$ _____	Plans and Specs	_____
Permit Fee	\$ <u>25.00</u>	Bond	_____
Est. Inspec. Fee	\$ _____	Proof of Insurance	
Bond	\$ _____	Ves _____	No _____
Other	\$ _____	P.L. \$ _____	P.D. \$ _____
To Be Billed	\$ _____	Other _____	_____
Receipt Number	<u>CE ONLINE</u>		
Dated	<u>5/10/21</u>		

APPLICATION

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

Section LOT 9 Township ST James Street Names Donegal Bay Rd 350ft
Enter street name and distance from nearest intersection or house#

for a period beginning May 13, 2021 and ending May 13, 2022 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 10 width

Surface:

☐ Bituminous ☐ Concrete ☒ Gravel**CULVERT**Use: ☐ Drive ☐ CrossType: ☐ Concrete☒ Metal ☒ PlasticSize: 12" Dia 30' Length**UTILITY**☐ Water Length _____☐ Gas☐ Power☐ Sanitary Sewer☐ Telephone☐ Cablevision

Size _____

Distance from Centerline _____

Permit Holder shall also hold harmless and indemnify and keep indemnified the Commission, its officers and employees from all claims, suits and judgments 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 litigation brought concerning the nature, extent or existence of the highway right-of-way in which the work under this permit is being performed.

6. **MISS DIG.** The Permit Holder must comply with the requirements of Act 53 of Public Acts of 1974, as amended. CALL MISS DIG AT (800) 482-7171 AT LEAST TWO (2) FULL WORKING DAYS, BUT NOT MORE THAN TWENTY-ONE (21) CALENDAR DAYS, BEFORE YOU START WORK. Permit Holders assumes all responsibility for damage to or interruption of underground facilities.
7. **NOTIFICATION OF START AND COMPLETION OF WORK.** Permit Holder must notify the Commission at least 48 hours before starting work and must notify the Commission when work is completed.
8. **TIME RESTRICTIONS.** All work shall be performed Mondays through Fridays between 8:00 AM and 5:00 PM, unless written approval is obtained from the Commission, and work shall be performed only during the period set forth in this permit.
9. **SAFETY.** Permit Holder agrees to work under this permit in a safe manner and to keep the area affected by this permit in a safe condition until the work is completed. All work site conditions shall comply with Michigan Manual of Uniform Traffic Control Devices.
10. **RESTORATION AND REPAIR OF ROAD.** Permit Holder agrees to restore the road and right-of-way to a condition equal to or better than its condition before the work began; and to repair any damage to the road right-of-way which is the result of or related to the work performed under this permit, whenever it occurs or appears.
11. **LIMITATION OF PERMIT.** The permit does not relieve Permit Holder from meeting other applicable laws and regulations of other agencies. Permit Holder is responsible for obtaining additional permits or releases which may be required in connection with this work from other governmental agencies, public utilities, corporations and individuals, including property owners.
12. **PERMISSION/TITLE ISSUES FOR UNDERLYING AND ADJACENT LANDS.** This permit only indicates the Commissions consent to the specified activity within the County Road Right-of-Way. It does not grant or convey to the Permit Holder any land title rights to any underlying or adjacent lands. Furthermore, it does not grant or imply any permission that may be necessary for activity on adjacent lands. The Permit Holder is solely responsible for resolving any applicable permission or land title concerns with third parties concerning underlying and adjacent lands.
13. **REVOCATION OF PERMIT.** The permit may be suspended or revoked at will, and the Permit Holder shall surrender this permit and alter, relocate or remove its facilities at its expense at the request of the Commission.
14. **VIOLATION OF PERMIT.** This permit shall become immediately null and void if Permit Holder violates the terms of this permit, and the Commission may require immediate removal of Permit Holder's facilities, or the Commission may remove them without notice at Permit Holder's expense.
15. **ASSIGNABILITY.** This permit may not be assigned without the prior approval of the Commission. If approval is granted, the assignor shall remain liable and the assignee shall be bound by all terms of this permit.
16. This permit is subject to any supplemental specifications which may be on file with the Commission and is further subject to any relevant Michigan statutes including but not limited to MCL 224.19b and MCL 247.321 et seq.

MISCELLANEOUS

(Specify) 300ft gravel driveway 10ft wide entrance on Donegal Bay Rd

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: 12" x 30' Culvert Required. All Road Right-of-Way shall be Restored. * See Steve Crandall at Beaver Island Garage Before Placing Culvert. *

CHARLEVOIX COUNTY ROAD COMMISSION

Approved by

Signature Authorized Representative

May 13, 2021

Title

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, suits and judgments 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, suits and judgments 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.

RECEIVED CHARLEVOIX CO

2021 MAR 17 AM 9:00

State of Michigan, County of Charlevoix, SS
March 17, 2021 I hereby certify
Charlevoix that there are no tax liens or titles held by the State or by
that there are no tax liens or titles held by the State or by
individuals on the land herein described in the within instrument
and that all taxes due thereon have been paid for the five years
preceding the date of said instrument as appears by the records in
my office. This does not cover taxes in process of collection by
Township, Cities or Village. *Betty J. Simon*
County Treasurer *KL*

L: 1295 P: 322 #2021-0002135 WD

RECEIVED FOR RECORD
STATE OF MICHIGAN, COUNTY OF CHARLEVOIX
SHIRLEY M. COBLENTZ, REGISTER OF DEEDS

03/17/2021 12:22:56 PM PAGES: 2



REAL ESTATE TRANSFER TAX
STATE OF MICHIGAN, COUNTY OF CHARLEVOIX

TAX STAMP #37058 RECEIPT #21-2843
L: 1295 P: 322 #2021-0002135

03/17/2021 12:22:56 PM

COUNTY TAX: \$49.50 STATE TAX: \$337.50



BARRON TITLE AGENCY

WARRANTY DEED

The undersigned Grantor(s), Ronald Jakubas and Helen J. Jakubas, husband and wife,
whose address is: 7791 Clinton Rd., Jackson, MI 49201,
conveys and warrants to Grantee(s), John J. Kalinowski and Heidi A. Kalinowski, husband and wife,
whose address is: 5028 Thorson Rd., Sun Prairie, WI 53590,
certain real property situated in the Township of St. James, Charlevoix County, Michigan described as:

See Attached "Exhibit A" TAX CODE # 15-013-720-009-00-TR

subject to zoning and building regulations, easements, reservations, restrictions and right of ways of record.

The consideration for this Deed consists of the sum of Forty Five Thousand and no/100 (\$45,000.00) Dollars.

Effective Date: March 15, 2021

Ronald Jakubas

Ronald Jakubas
Helen J. Jakubas

Helen J. Jakubas

STATE OF MICHIGAN)
COUNTY OF Jackson) ss



The foregoing instrument was acknowledged before me this 17th day of March, 2021, by Ronald Jakubas and Helen J. Jakubas, husband and wife.

MARY ANN MAGIERA
Notary Public, State of Michigan
County of Jackson
My Commission Expires 10-09-2024
Acting in the County of Jackson

Mary Ann Magiera

, Notary Public
Jackson County, Michigan
My commission expires: Oct 9, 2024

DRAFTED BY/RETURN TO:
Daniel B. Barron, Esq.
(without opinion as to title)
Barron & Engstrom, PLC
P.O. Box 309
Charlevoix, Michigan 49720
(231) 547-9950

Tax Code No. 15-013-720-009-00
When recorded return to Grantee
Send subsequent tax bills to Grantee
File No. 2021020106A



Fidelity National Title-Michigan

**EXHIBIT A
PROPERTY DESCRIPTION**

The land referred to in this Commitment is described as follows:

Land located in the Township of St. James, Charlevoix County, Michigan:

Lot 9, of the Plat of Robin Woods, as recorded in Liber 2 of Plats, Page 403, and 404, Charlevoix County Records.