	APPLICATION FOR ZONING PERMIT	Case No. 5 - 1876
	(Expires 1 year from date of issuance.)	Date Received: 8/18/21
		Permit Issued: / /
	ST JAMES Township	Permit Denied: / /
	Charlevoix County, Michigan	Action To the Planning
	(Please print clearly or type	Deferred: Commission
	all information.)	
	FEE AMOUNT: \$ 33 (See Attached Schedule)	1
	Check # 124326	Reason Deferred:
	(Make check payable to appropriate township.)	
	I. Identification - Complete the following:	0 1 1
	A. Property Owner(s) John + Carol	11VIDES
	Address 37600 and brother	9
	Zip Code 49782 Phone	(231) 838 - 6084
	B. Applicant, if other than property owner	
м	Address	
	Zip Code Phone	
	C. Legal description of property for which Zoning	Permit is being requested, (attach
	separate sheet, if necessary):	
	Street address of property (required) 30 4	00 Old Brothen Ki
	Property tax ID no. 15 - 0/3 - 30 7 - 0	26-00.
	Zoning District in which property is located	. (Ex: R-1, R-2, A, H, etc.)
	Are there any dedicated rights-of-way or easem	ents which abut or traverse part or
	all of the subject property?	9 9
	(If yes, illus	strate locations on sketch plan.)
	D. Furnish evidence of the following:	
	<ul> <li>Driveway/Road Permit, obtained from the Charleviox Co.</li> </ul>	unty Road Commission.
	<ul> <li>Property address, obtained from the Charleviox Co. Equal</li> </ul>	
	<ul> <li>Proof of ownership of the property on which use will occur</li> </ul>	
	<ul> <li>Health Dept, approval/permit for on-site septic system or</li> </ul>	
	<ul> <li>Soil and Erosion permit, (if the site is within 500 feet of a</li> </ul>	
	<ul> <li>Other information with respect to the proposed structure,</li> </ul>	use, lot, and adjoining property as may be required by
	the Zoning Administrator.	
	II. General information - Complete the following:	2/9
	A. Lot dimensions / G X 300; Total square	are feet or acres
	B. Exterior dimensions of proposed structure	X 70; Height 10.
	C. Proposed use:	Non-Residential
	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 Pole barn	specify
	( ) Other (Specify)	
	( ) 5	*
	1 -	A.
	g - n	مغنون

## General Information (continued)

F.	F. Type of improvement: (check as many as appropriate)		
	( New Building	( ) Repair, replacement	
	( ) Addition	() Wrecking	
	( ) Alteration	( ) Moving, relocation	
	( ) Earth change involving land wi	thin 500 feet of a lake or stream;	
	Number of feet to the water	r	
	Body of water involved	dializa.	
G. Names of Contractors involved in the project:			
	NICK Olson C	OSAN CONSTRUTION	
	****		

## 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. <u>Depths of all yards</u>; 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

	Philosophical Control of the Control	ST JAMES TOWNSHIP ZONING – DEVELOPMENT REVIEW APPLICATION		
227-026-06		(applicant—person filing the application)  OFFICE USE ONLY		
227-6	JAN.	37600 OLD BOTHER A Date Rec'd 8/19/81  [address] Fee Rec'd \$75		
800	25/2	SEAVER FS LAWD, MT WARY Hearing date		
Der AN	13	(telephone, home and business)		
Date:	0. K	PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant)  Phone (		
		APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):  Builder Agent/other		
		PROPOSED CONSTRUCTION SITE ADDRESS (if known) 37600 OLD BROTHELY BO		
		(If new construction, an address will not be known yet.)  PARCEL SIZE 164300, 654252  PROPERTY DESCRIPTION  PARCEL TAX ID NUMBER 15 - 013 - 227 - 096 - 00  ZONING DISTRICT (see zoning ordinance)		
		PROJECT DESCRIPTION  Total number of structures, units, bedrooms, offices;  Total floor areas,  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)		
		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 69  Project's proposed beginning 12/1/31 and completion schedule 1/32/21 (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.		

## SHOW THE FOLLOWING ON YOUR SITE PLAM:

a) An arrow indicating NORTH.

40 House 56f1 b)  $\underline{All}$  items listed in Section III of page 2.

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