

ST JAMES TOWNSHIP  
ZONING – DEVELOPMENT REVIEW APPLICATION - PAGE 1

**FRANK D'ANDRAIA - AUTHORIZED AGENT FOR HEALTH CENTER**

applicant –person filing the application)

**37304 KINGS HWY**

(address)

**ST. JAMES, MI 49782**

(city, state, zip code)

(telephone, HOME and business)

231-448-2603

OFFICE USE ONLY

Case number 5-1887

Date Rec'd 3/22/22

Fee Rec'd 41

Receipt #

Hearing date 4/5/22

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

**BEAVER ISLAND RURAL HEALTH CENTER**

**37304 KINGS HIGHWAY**

**ST. JAMES, MI 49782** (OFFICE) Phone (231) 448-2275

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):

Builder Agent/Other - **PRESIDENT HEALTH CENTER BOARD OF DIRECTORS**

PROPOSED CONSTRUCTION SITE ADDRESS (if known) **37304 KINGS HIGHWAY, ST. JAMES** (If new construction, an address will not be known yet.)

PARCEL SIZE **3.6 ACRES**

PROPERTY DESCRIPTION: PT OF GOVT LOT 3 SEC 27 T39N R10W COM ATPT 10 RDS E OF CEN 1/4 POST OF SD SEC TH E 785.4 FT TO SH OF B.H. TH SELY AL SD SH 333 FT TH S73DEG42'W 1094.56 FT TO N&S1/4 LI SD SEC TH N ON SD 1/4 LI 360.9FTTH E 165 FT TH N 264 FT TO POB 10A

PARCEL TAX ID NUMBER **013-227-035-55**

ZONING DISTRICT (see zoning ordinance) **"H" HARBOR**

PROJECT DESCRIPTION - **ELECTRONIC MESSAGE CENTER SIGN**

Total number of structures, units, bedrooms, offices; **N/A**

Total floor areas, **N/A** parking spaces, **N/A** garages, **N/A**

Employment Levels for commercial and/ or industrial uses, **N/A**

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) **N/A** ( **N/A** attached)

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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 N/A

Project's proposed beginning APRIL 2022 and completion schedule JULY 2022 (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. N/A

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

Seven (7) copies of the Development Plan drawings shall be submitted with the application package, one of which shall be capable of being reproduced. The development plan shall consist of accurate drawings at a scale of 1" = 100' or less, showing the site and all land within 150' of the site. If multiple sheets are used, each shall be labeled and the preparer identified. Each set of development plan drawings shall depict the following.

- a) Location of proposed and/or existing property lines, dimensions, legal descriptions, setback lines, as well as the current land uses, zoning classifications on the subject parcel. **SEE PAGE #1**
- b) Location and type of existing vegetation to be retained as well as those proposed to be removed if applicable. **RAW LAND W/ASSORTED VEGETATION - SOME TREE LIMBS MAY NEED TRIMMING AND SOME NEW GROWTH TREES MAY NEED REMOVAL**
- c) Location of existing and proposed buildings and intended use thereof, as well as the length, width and height of each building. **N/A**
- d) Proposed location of accessory structures, buildings and uses, including but not limited to all satellite dishes over 3.5' in diameter, antennas, flag poles, light poles, bulkheads, docks, storage sheds, transformers, air conditioners, generators and similar equipment, and the method of screening where applicable. **N/A**
- e) Location of all existing public and private easements including road and utility rights-of-way on or abutting the property. **UTILITY RIGHT OF WAY MARKER ADJACENT EXISTING SIGN**
- f) Location, design and dimensions of existing and/or proposed, barrier free access, or parking areas. **N/A**
- g) Location, size and characteristics of all loading and unloading areas if applicable. **N/A**
- h) Location of water supply lines and/or wells, and the location of waste water lines, and septic systems. **N/A**
- i) Location of all other utilities on property including, but not limited to, propane, fuel oil, electric, satellite TV and telephone. **N/A**
- j) Proposed location, dimensions and details of common open spaces and common facilities such as community buildings or swimming pools if applicable. **N/A**
- k) Location, size and specification of all signs. **SEE ATTACHED DIAGRAM**
- l) Exterior lighting locations with area of illumination depicted as well as the type of fixtures and shielding to be used. **N/A**
- m) Location and type of fencing, walls and size and specifications for screening of all trash receptacles or other solid waste disposal facilities. **N/A**
- n) Location and specifications for all proposed perimeter and internal landscaping or buffering features. Each new planting will specify the type and size of plant or tree at the time of planting. All vegetation to be retained on the site, must also be indicated, as well as its size and specific location. **N/A**
- o) Plan will contain an arrow indicating North, the scale of all drawings, and date of original submission and last revision.
- p) Other information deemed necessary by the Planning Commission to allow the Commission to determine whether the project will be harmonious with the community and to ensure the



health, safety and welfare of the community is protected including but not limited to the following.

- 1) The location and type of soils. N/A
- 2) Elevations of buildings, signs and other structures and typical elevation views of proposed structures. N/A
  - a) The Zoning Administrator shall review the contents of the application package and shall forward said materials to the Planning Commission, upon determination that the application package is complete and meets all requirements of this ordinance.
  - b) The Planning Commission upon request of the applicant may waive certain requirements of the plan listed above provided the Planning Commission shall document on the record specific reasons why the identified requirements are being waived.

APPLICATION FOR SIGN PERMIT

ST. JAMES Township  
Charlevoix County

IFee: \$25 (Check No. 19418)

(Do not write in this box)

Case No.: 5-1887

Date Received: 3/22/22

Permit Issued: 1/1

Action Deferred to:

☒ Planning Commission

☐ Zoning board of Appeals

Reasons Denied: \_\_\_\_\_

Please print clearly or type all information)

I. Identification - Complete the following:

- A. Applicant Name: Frank D'Andraia Authorized Agent for the Health Center  
Address: 37304 Kings Hwy., St. James, MI 49782  
Phone: 231-448-2603 (HOME)
- B. Property Owner (if not applicant): BEAVER ISLAND RURAL HEALTH CENTER  
Address: 37304 KINGS HWY., ST. JAMES, MI 49782  
Phone: (231) 448-2275 (HC Office)
- C. Property location: 37304 KINGS HWY, ST. JAMES, MI 49782 or PT OF GOVT LOT 3  
SEC 27 T39N R10W COM ATPT 10 RDS E OF CEN 1/4 POST OF SD SEC TH E 785.4 FT  
TO SH OF B.H. TH SELY AL SD SH 333 FT TH S73DEG42'W 1094.56 FT TO N&S 1/4 LI  
SD SEC TH N ON SD 1/4 LI 360.9FTTH E 165 FT TH N 264 FT TO POB 10A

II. General Information

- A. Sign Location: AS YOU FACE THE HC WITH YOUR BACK TO THE KINGS HWY,  
THE NEW E-SIGN WILL REPLACE AND THE EXISTING SIGN LOCATED ON THE  
LEFT SIDE OF THE HC
- B. Sign Classification: 1 or 4
- C. Dimension and area of sign: SEE ATTACHED DIAGRAM
- D. Dimension and area of wall (if applicable): N/A

I hereby depose and say, under the penalty of perjury, that all the statements and information contained herein 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 Property Owner

Frank D'Andraia

Signature of Applicant or Duly

Authorized Agent 3-20-22



U:\JOBS\B\BEAVER ISLAND\BI RURAL HEALTH CENTER

REMOVE EXISTING SIGN.  
REPLACE W/ NEW IN SAME LOCATION.



#### SPECIFICATIONS QTY. 1 D/F

##### TOP CABINET

16" DEEP EXTRUDED ALUMINUM CABINET W/ ROUTED PUSH THRU FACES PTD. PMS 343.  
1/2" THK. CLEAR ACRYLIC PUSH THRU COPY W/ TRANS WHITE FACES & 2ND SURFACE DIFFUSER.  
INTERNAL ILLUMINATION W/ WHITE LEDS.  
4" FABRICATED ALUMINUM TOP CAP PTD. 423.

##### CENTER CABINET

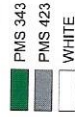
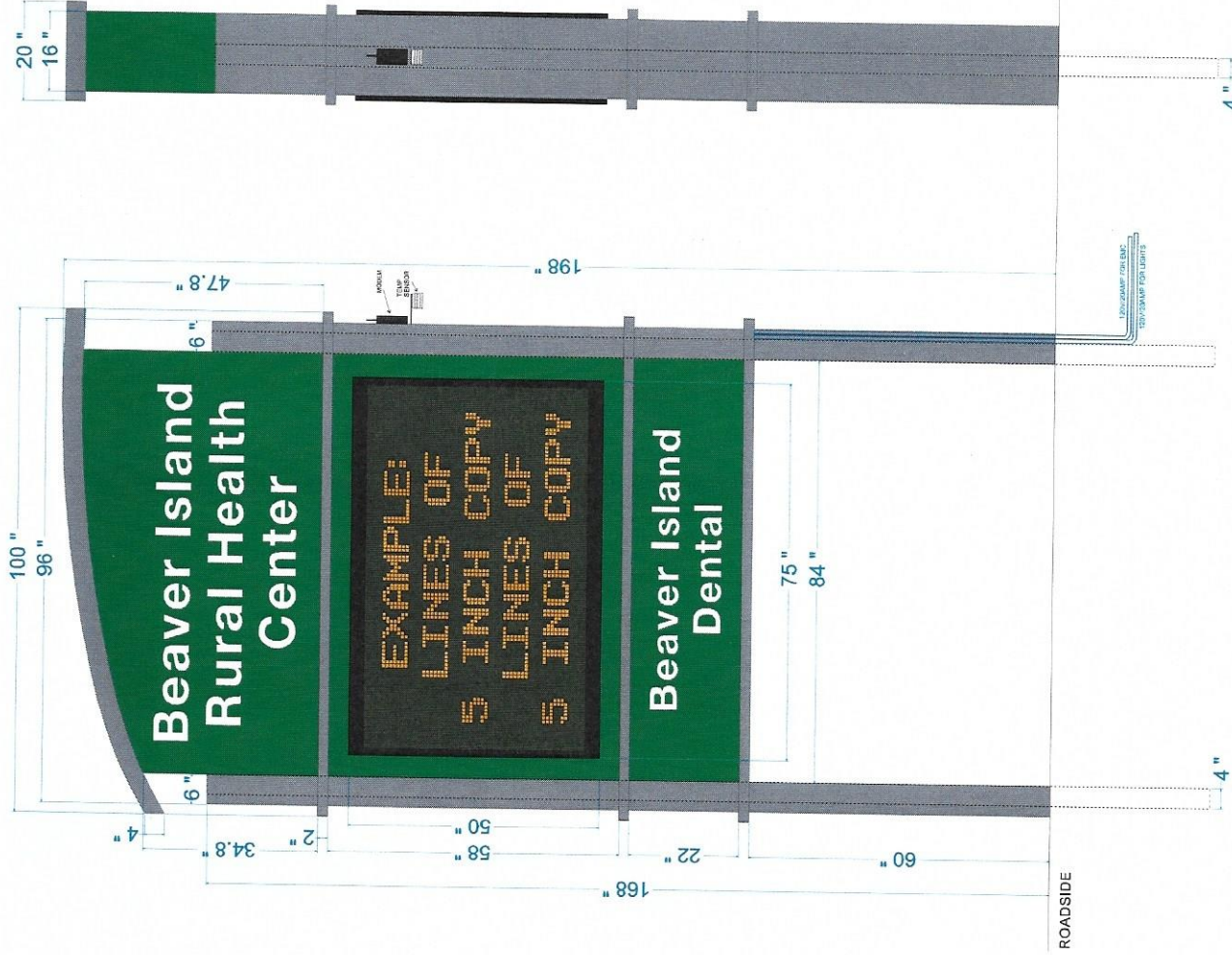
16" DEEP EXTRUDED ALUMINUM CABINET PTD. PMS 343 W/ GT6X-108X180-10MM-RGB-2V MESSAGE CENTERS.

##### BOTTOM CABINET

16" DEEP EXTRUDED ALUMINUM CABINET W/ ROUTED PUSH THRU FACES PTD. PMS 343.  
1/2" THK. CLEAR ACRYLIC PUSH THRU COPY W/ TRANS WHITE FACES & 2ND SURFACE DIFFUSER.  
INTERNAL ILLUMINATION W/ WHITE LEDS.

4" X 4" X 3/16" STEEL SUPPORTS W/ FABRICATED ALUMINUM POLE COVERS PTD. PMS 423.  
2" SQ. TUBE HORIZONTAL ACCENT PIECES PTD. 423.

FONT: HELVETICA NEUE BOLD



Project:

Location:

Date: 1.10.22 J

Revision:

A 3.10.22 J

B

C

D

E

F

G

H

Approval:

Name:

Sales: MP

USPS Logo ☐ Yes ☐ No

Notes:







## 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.

PIN: 013-227-035-55  
Owner: BEAVER ISLAND RURAL HEALTH CTR  
Owner Address: 37830 KINGS HWY  
BEAVER ISLAND, MI 49782  
Property Address: 37304 KINGS HWY  
BEAVER ISLAND, MI 49782  
Property Class: 201  
School District: 15010  
PRE: 0%  
2021 SEV: \$0  
2021 Taxable: \$0  
Status: EXEMPT (125 1601)  
GIS Estimated Acreage: 3.6  
Parcel Link: [013-227-035-55](https://mangomap.com/charlevoix-county/maps/52165/advanced-tax-parcel-map?print-preview=true&preview=true#zoom=18&lat=45.735899&lng=-85...)

ST. JAMES TWP.

KINGS HWY  
KINGS HWY

CARHILL

### Road Centerlines

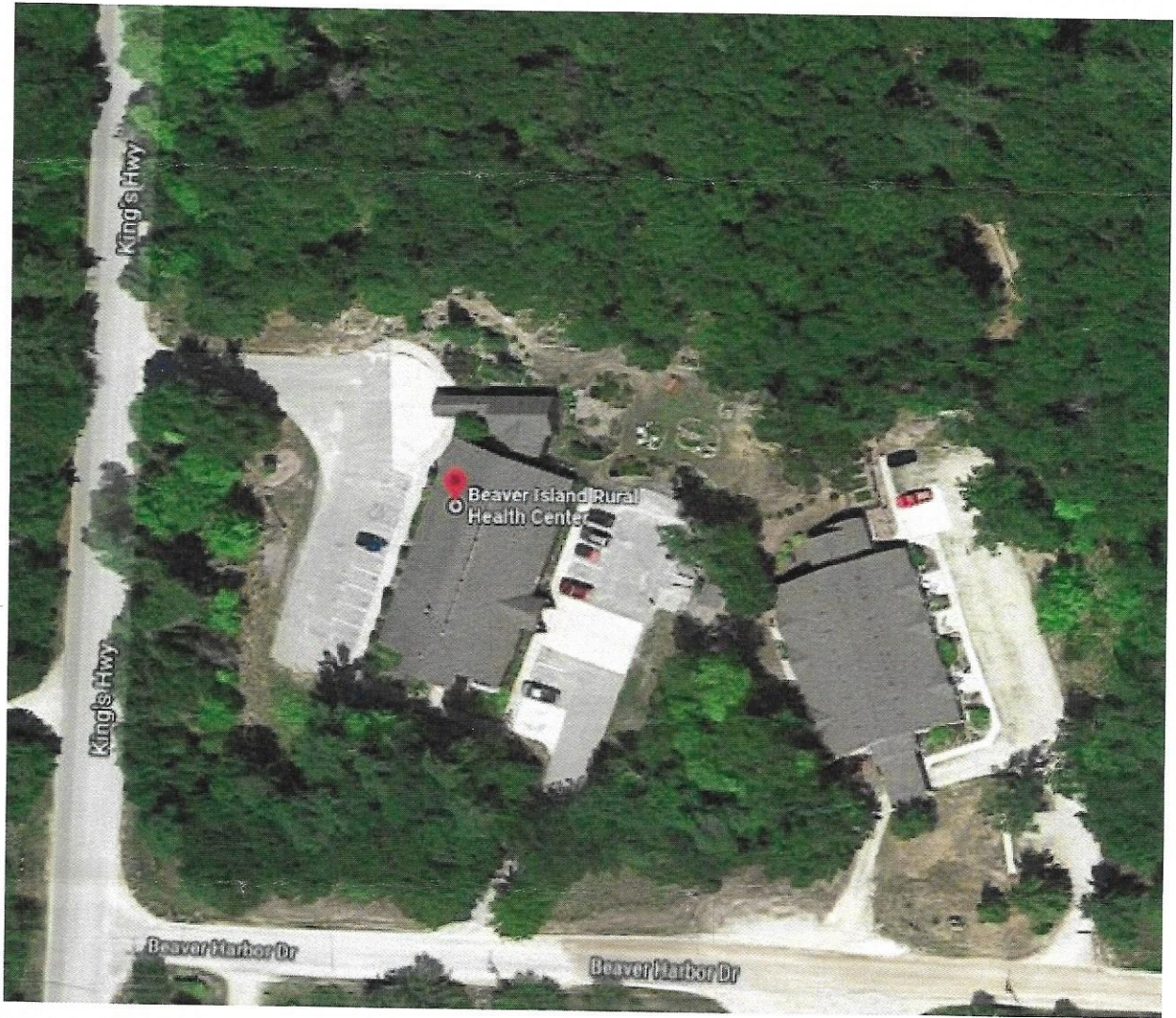
civicpoly

Parcels

30 m  
100 ft







R N