

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: \$ 75.00 (See Attached Schedule)

Check # _____

(Make check payable to appropriate township.)

I. Identification - Complete the following:

A. Property Owner(s) ROBERTA S WILKE

Address PO BOX 356 BEAVER ISLAND MI

Zip Code 49782 Phone (269) 217-5901

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): LOT 19 KARNES WOODS CONDO AS BOUND

Street address of property (required) 37875 KARNES RD

Property tax ID no. 15-013-590-019-00

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? NO

(If yes, illustrate locations on sketch plan.)

D. Furnish evidence of the following:

- Deed/Title/Road Permit, obtained from the Charlevoix County Road Commission. To be obtained
- Property address, obtained from the Charlevoix Co. Equalization Dept. Refer to County Parcel Map
- Proof of ownership of the property on which use will occur. See Attached
- Health Dept. approval/permit for on-site septic system or hook-up to sewer system. To be obtained
- 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 the Zoning Administrator.

II. General information - Complete the following:

A. Lot dimensions 170' X 225.13'; Total square feet or acres 1.018 ac

B. Exterior dimensions of proposed structure 48' X 49'; 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.	<u>5-1908</u>
Date Received:	<u>4/1/23</u>
Permit Issued:	<u> </u>
Permit Denied:	<u> </u>
Action	<u>64</u> To the Planning Commission
Deferred:	<u> </u> To the ZBA
Reason Deferred:	<u> </u>

L 521 P77-813 CX CD 30 J 14852
SEE ATTACHED SHEET FOR COMPLETE USE AND DETAILED

General Information (continued)

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

- New Building
- Addition
- Alteration
- Earth change involving land within 500 feet of a lake or stream:
- Repair, replacement
- Wrecking
- Moving, relocation

Number of feet to the water _____

Body of water involved _____

G. Names of Contractors involved in the project:

OLSON CONSTRUCTION IS PRIME CONTRACTOR
SUBS: JOHN ROBERTS JOHN SERVICES
JIM WORTH EXCAVATION
DAVID SWARTZ FISHER CON
BUD MARTIN WELL DRILLING

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

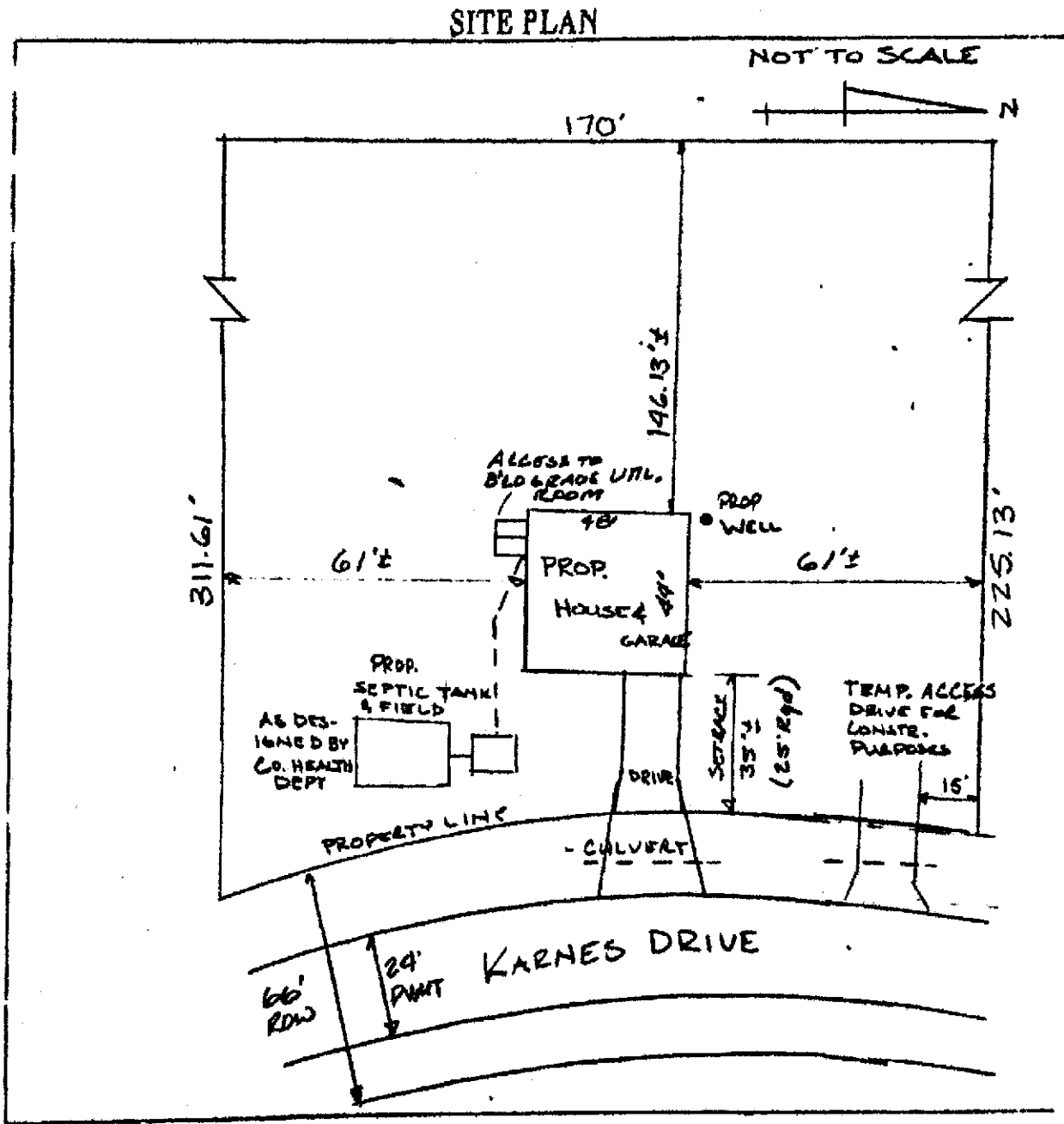
- A. Any existing structure(s) including location and exterior dimensions.
- B. Proposed structure(s) including location and exterior dimensions.
- C. Location of existing or proposed well and septic system.
- D. Location of any public roads or rights-of-way and/or any easements which abut or traverse 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.

Robert Little
 Signature of Owner or Duty 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.



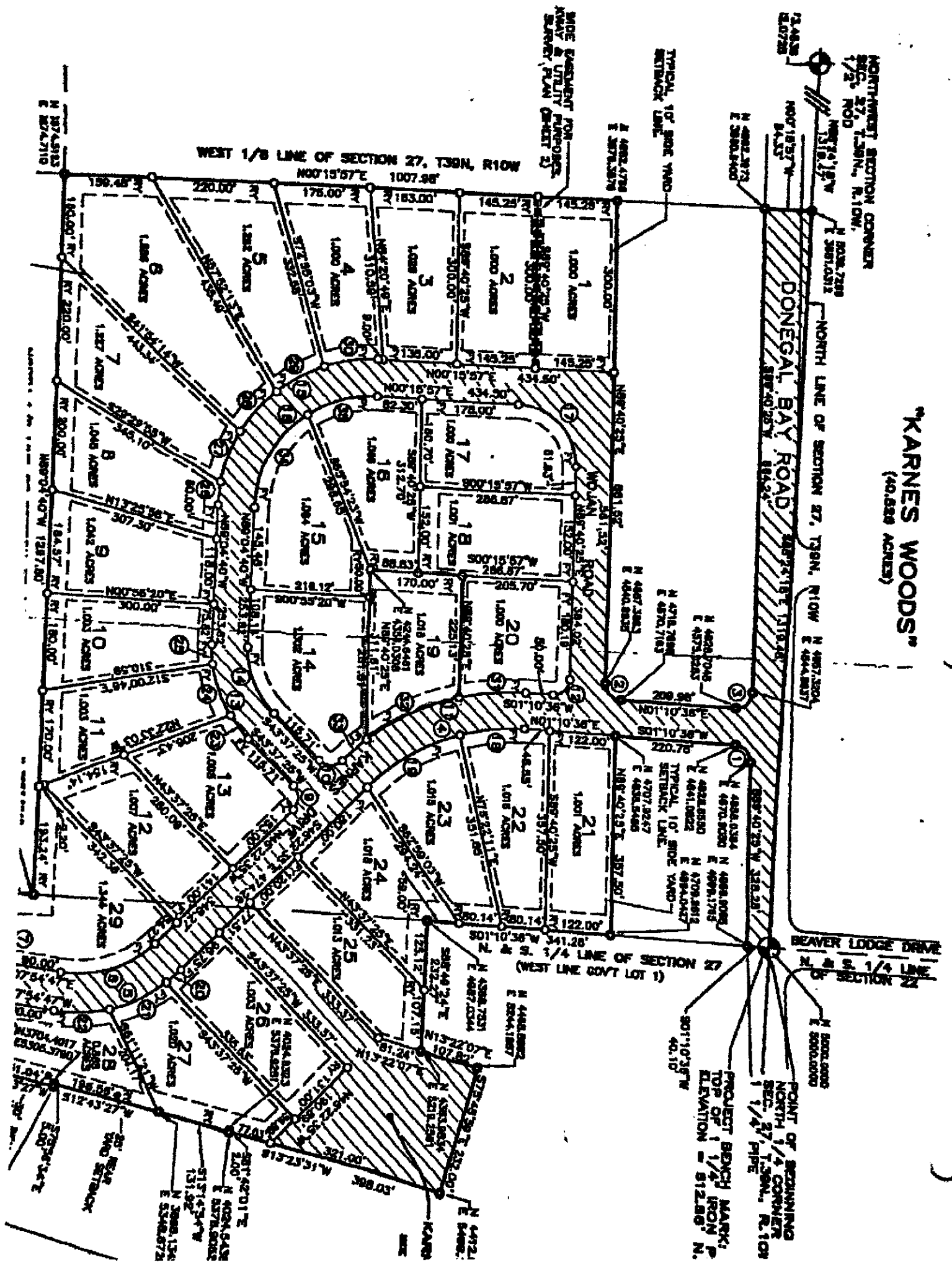
UNIT 19, KARNES WOODS CONDOMINIUM
37075 KARNES DR

EXHIBIT "A"
Legal Description

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

Unit 19, Kames Woods Condominium, according to the Master Deed as recorded in Liber 521, Pages 770 through 813, inclusive, Charlevoix County Records, and designated as Charlevoix County Condominium Plan No. 140. Together with rights in general common elements and limited common elements as set forth in the above Master Deed and amendments thereto, and as described in Act 59 of the Public Acts of 1978, as amended.

"KARNES WOODS" (40.688 ACRES)



NORTHWEST SECTION CORNER
SEC. 27, T.39N., R.10W.
1/2" ROD
N 118°12'W
E 380.00'
N 02°23'W
E 380.00'

NORTH LINE OF SECTION 27, T.39N., R.10W
N 00°15'57"W
E 464.827'
E 464.827'

POINT OF BEGINNING
NORTH 1/4 CORNER
SEC. 27, T.39N., R.10W.
1/4" PIPE
ELEVATION = 812.86' N.

PROJECT BENCH MARK:
TOP OF 1/4" IRON P.
ELEVATION = 812.86' N.

TYPICAL 10' SIDE YARD
SETBACK LINE

WIDE EASEMENT FOR
NAVAY & UTILITY PURPOSES
SURVEY PLAN SHEET 2

WEST 1/8 LINE OF SECTION 27, T.39N., R.10W
N 00°15'57"E 1007.98'

BEAVER LODGE DRIVE
1/4 LINE OF SECTION 27
(WEST LINE GOVT LOT 1)


1/4 LINE OF SECTION 27
(WEST LINE GOVT LOT 1)

NOT A TAX BILL

Notice of Assessment, Taxable Valuation, and Property Classification

L-4400

This form is issued under the authority of P.A. 205 of 1995, Sec. 211.24 (j) and Sec. 211.24a, as amended. This is a model assessment notice to be used by the local assessor.

FROM ST JAMES TOWNSHIP ASSESSOR BROOKE MILBRANDT PO BOX 337 ALANSON MI 49706	PARCEL IDENTIFICATION PARCEL NUMBER: 15-013-590-019-00 PROPERTY ADDRESS: KARNES DR BEAVER ISLAND, MI 49782																				
OWNER'S NAME & ADDRESS/PERSON NAMED ON ASSESSMENT ROLL: *****AUTO**S-DIGIT 49722 WELKE ROBERTA S PO BOX 356 BEAVER ISLAND, MI 49782-0356 	PRINCIPAL RESIDENCE EXEMPTION % Exempt As "Homeowners Principal Residence": .00% % Exempt As "Qualified Agricultural Property": .00% % Exempt As "MST Industrial Personnel": .00% % Exempt As "MST Commercial Personnel": .00% Exempt As "Qualified Forest Property": <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt As "Development Property": <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
LEGAL DESCRIPTION: UNIT 19 KARNES WOODS CONDO AS RECD L521 P770-813 EX CO R/D 3.4483%																					
ACCORDING TO MCL 211.34c THIS PROPERTY IS CLASSIFIED AS: 402 (RESIDENTIAL-VACANT)																					
PRIOR YEAR'S CLASSIFICATION: 402 (RESIDENTIAL-VACANT)																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%;">PRIOR AMOUNT YEAR: 2022</th> <th style="width: 15%;">CURRENT TENTATIVE AMOUNT YEAR: 2023</th> <th style="width: 20%;">CHANGE FROM PRIOR YEAR TO CURRENT YEAR</th> </tr> </thead> <tbody> <tr> <td>1. TAXABLE VALUE:</td> <td style="text-align: center;">9,605</td> <td style="text-align: center;">12,700</td> <td style="text-align: center;">3,095</td> </tr> <tr> <td>2. ASSESSED VALUE:</td> <td style="text-align: center;">10,500</td> <td style="text-align: center;">12,700</td> <td style="text-align: center;">2,200</td> </tr> <tr> <td>3. TENTATIVE EQUALIZATION FACTOR: 1.000</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. STATE EQUALIZED VALUE (SEV):</td> <td style="text-align: center;">10,500</td> <td style="text-align: center;">12,700</td> <td style="text-align: center;">2,200</td> </tr> </tbody> </table>		PRIOR AMOUNT YEAR: 2022	CURRENT TENTATIVE AMOUNT YEAR: 2023	CHANGE FROM PRIOR YEAR TO CURRENT YEAR	1. TAXABLE VALUE:	9,605	12,700	3,095	2. ASSESSED VALUE:	10,500	12,700	2,200	3. TENTATIVE EQUALIZATION FACTOR: 1.000				4. STATE EQUALIZED VALUE (SEV):	10,500	12,700	2,200
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5. There WAS or WAS NOT a transfer of ownership on this property in 2022 WAS																					
6. Assessor Change Reason(s):																					

The 2023 Inflation rate Multiplier is: 1.05

Questions regarding the Notice of Assessment, Taxable Valuation, and Property Classification may be directed to the Following:

Name: BROOKE MILBRANDT	Phone: (908) 322-8825	Email Address: BNASSESSING@OUTLOOK.COM
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March Board of Review Appeal Information:

THE ST JAMES TOWNSHIP BOARD OF REVIEW WILL MEET ON MONDAY MARCH 13TH, 3 - 9PM & TUESDAY MARCH 14TH, 9AM - 3PM. PUBLIC PROTESTS ARE BY APPOINTMENT - CALL (908)322-8825, BEFORE 03/13/2023, TO SCHEDULE A TIME. WRITTEN APPEALS MUST BE RECEIVED BY 03/13/2023. PLEASE PROVIDE SUPPORTING DOCUMENTATION WITH YOUR APPEAL. THE APPEAL FORM CAN BE FOUND AT: WWW.MICHIGAN.GOV/DOCUMENTS/L4035F_2658_7.PDF

PUBLIC MEETING LOCATION: BEAVER ISLAND COMMUNITY CENTER, UPPER FLOOR, AT 28215 MAIN STREET, BEAVER ISLAND, MI 49782