

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) Craig Perrano
Address 37735 Gull Harbor DR Beaver Island
Zip Code 49782 Phone (740) 641-5506
- B. Applicant, if other than property owner Wesley Pollock
Address 11829 Meadow Wood Ctr Greenville
Zip Code 48838 Phone (616) 894-5081
- C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary):
Street address of property (required) 37735 Gull Harbor
Property tax ID no. 15-013-226-009-30
Zoning District in which property is located _____. (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? _____
(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 91' X 150'; Total square feet or acres .46 Acres
- B. Exterior dimensions of proposed structure 24 X 32; Height 21 ft.
- C. Proposed use:
- | | |
|--|---------------------------------|
| Residential | Non-Residential |
| () One Family | () Commercial
specify _____ |
| () Two or more family
Number of units _____ | () Industrial
specify _____ |
| () Transient hotel or motel
Number of units _____ | () Other
specify _____ |
| () Mobile Home | |
| <input checked="" type="checkbox"/> Accessory building
specify <u>Isle Barn</u> | |
| () Other (Specify) _____ | |

Case No. 5-1911
Date Received: 07/12/23
Permit Issued: _____
Permit Denied: _____
Action ☒ To the Planning
Commission
Deferred: () 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:

All Things Construction LLC
Glob Cary Concrete

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:

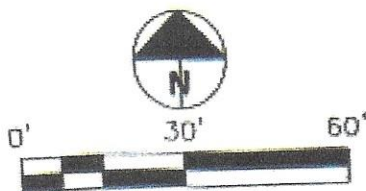
- a) An arrow indicating NORTH.
- b) All items listed in Section III of page 2.

SITE PLAN

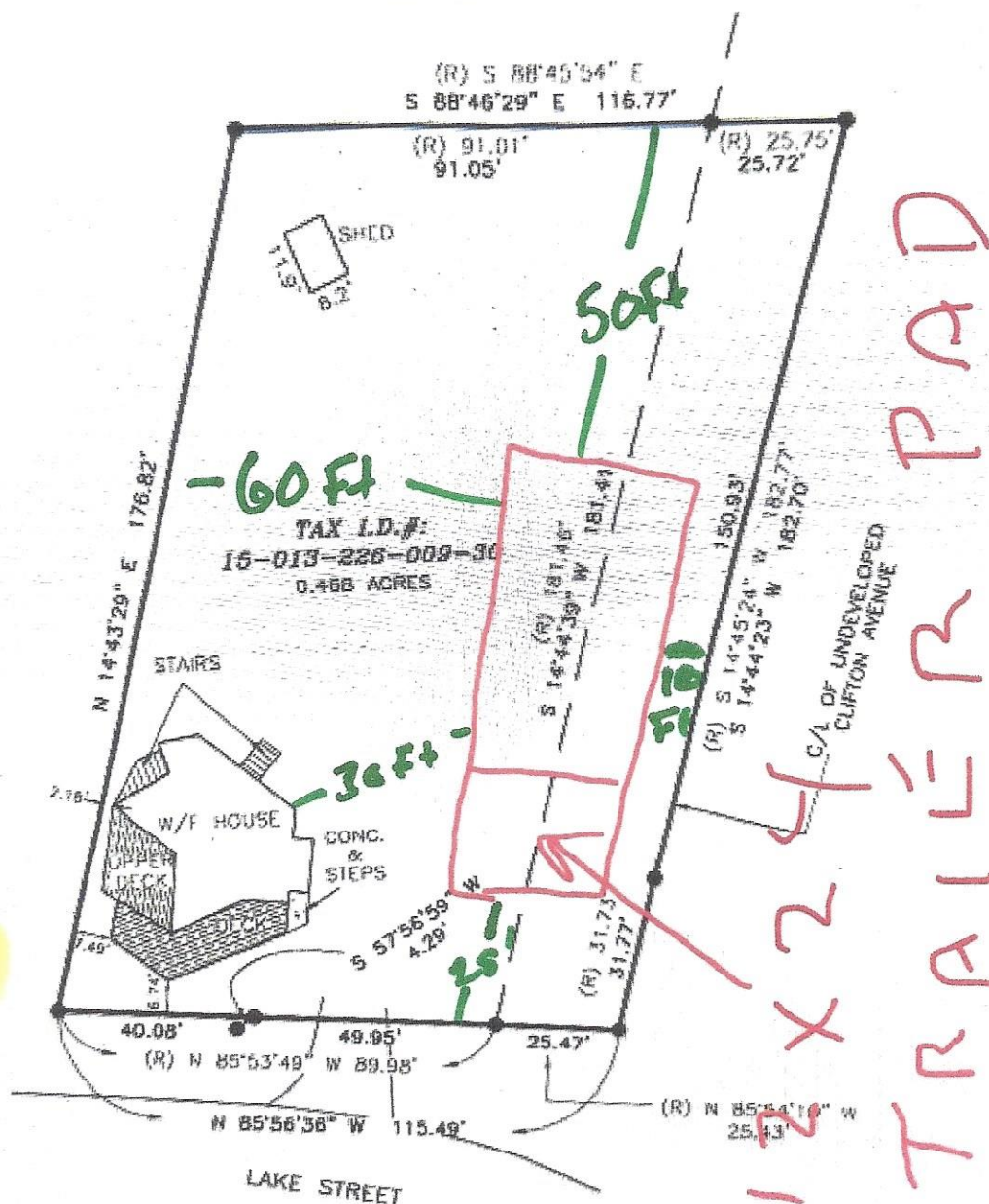
See Attached

**PART OF GOV'T LOT 2
SECTION 26, TOWN 39 NORTH, RANGE 10 WEST
ST. JAMES TOWNSHIP,
CHARLEVOIX COUNTY, MICHIGAN**

CERTIFIED TO:
CRAIG PEIRANO
37735 GULL HARBOR DRIVE,
BEAVER ISLAND, MI 49782



SCALE: 1"=30'



LEGEND & NOTES:

1. DIMENSIONS ARE IN FEET AND DECIMALS THEREOF.
2. BEARINGS ARE BASED ON SURVEYS OF RECORD BY JAMES EVANS.
3. "O" INDICATES FOUND SURVEY MONUMENT IN PLACE.
4. $1\frac{1}{2}'' \times 24''$ STEEL RODS WITH 10 CAPS HAVE BEEN SET AT ALL POINTS MARKED WITH "O".
5. "C" INDICATES CONCRETE MONUMENT FOUND IN PLACE FROM PRIOR SURVEY.

This survey plot was prepared for the exclusive use of the person, persons, or entity named on the certification herein. Said certification does not extend to any unnamed third person without an express recertification by the surveyor naming said third person.

FERGUSON & CHAMBERLAIN ASSOCIATES, INC.
PROFESSIONAL SURVEYORS
103 W. UPRIGHT STREET, CHARLEVOIX, MICHIGAN 49720
TEL (231) 547-0001 FAX (231) 547-0021



I HEREBY CERTIFY that I have surveyed and stipped the parcel herein described and that the relative positions and dimensions of the same are within the limits accepted by the office of professional surveying.

YOUR LOGO

CRYSTAL MOUNTAIN
Maestro
A Division of
The Crystal Mountain Group, Inc.
10000 Highway 100, Suite 100
Crystal Mountain, CO 80448
303.461.1111

