

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: \$ 26 (See Attached Schedule)

Check # 7721

(Make check payable to appropriate township.)

I. Identification - Complete the following:

A. Property Owner(s) BEN FOSS

Address 5511 Quail Meadow CT West Olive MI

Zip Code 49460

Phone (616) 994-6771

B. Applicant, if other than property owner KIM Contractors

Address 33280 EAST SIDE DR

Zip Code 49787

Phone (231) 499-0136

C. Legal description of property for which Zoning Permit is being requested, (attach separate sheet, if necessary):

Street address of property (required)

Property tax ID no. 15-013-223-030-10

Zoning District in which property is located MR (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? None

(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 .04 ac

B. Exterior dimensions of proposed structure X; Height 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

X Other (Specify) MOVE Existing Structure

Non-Residential

() Commercial
specify

() Industrial
specify

() Other
specify

Case No.	<u>5-1916</u>
Date Received:	<u>08/02/23</u>
Permit Issued:	<u> </u>
Permit Denied:	<u> </u>
Action	<u>(X)</u> To the Planning
Deferred:	Commission
	<u>()</u> To the ZBA
Reason Deferred:	<u> </u>

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 type="checkbox"/> Alteration | <input checked="" 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 50'±

Body of water involved LAKE Michigan

G. Names of Contractors involved in the project:

KM Contractors

Kasson Contracting

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.

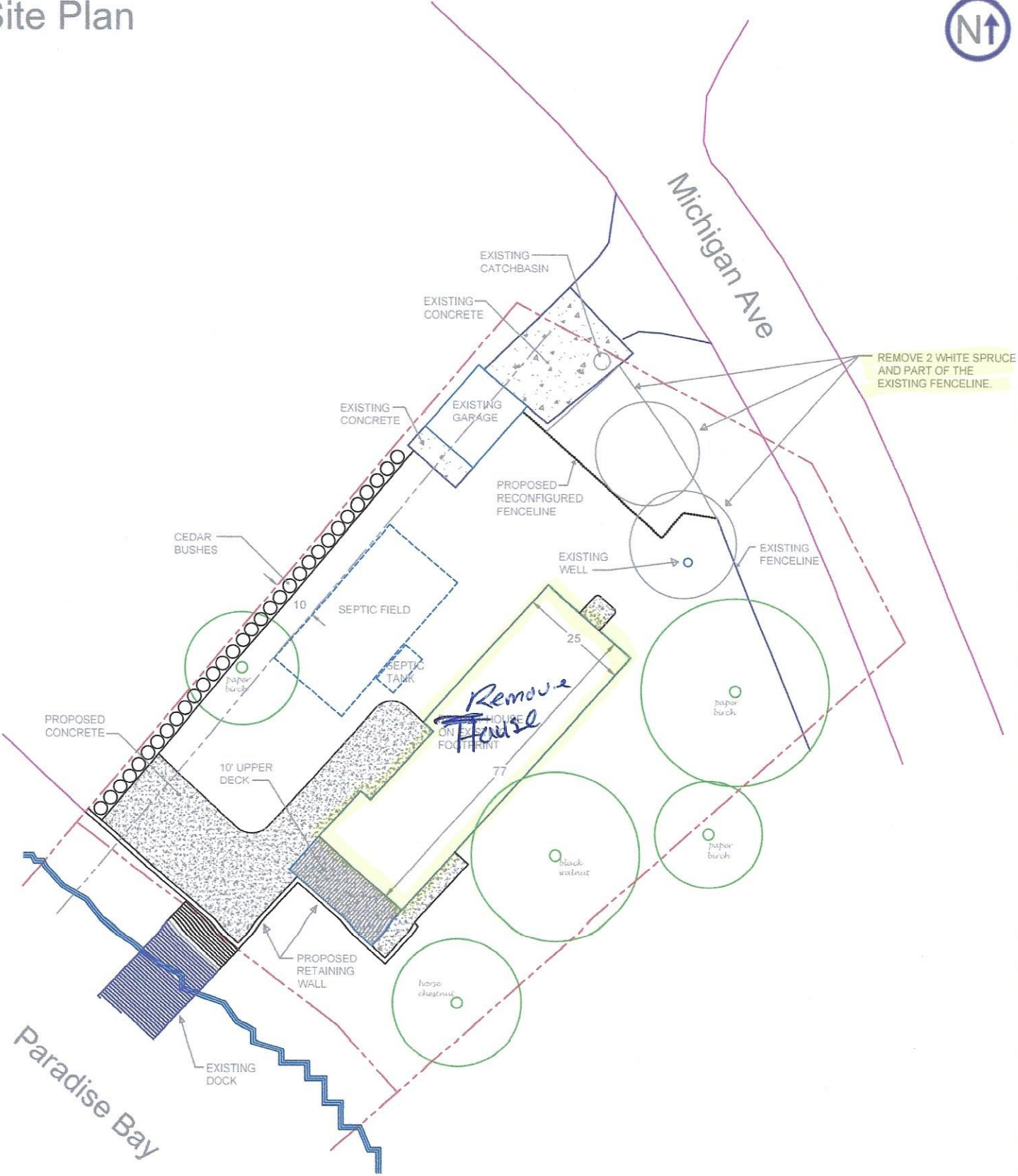


Signature of Owner or Duly Authorized Legal Agent

38195 Michigan Ave
Beaver Island, MI 49782

Residence of Ben Fogg
Parcel # 013-223-030-10

Site Plan






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: 013-223-030-10
Owner: FOGG BENJAMES J TRUST
Owner Address: 5511 QUAIL MEADOW CT
WEST OLIVE, MI 49460
Property Address: 38195 MICHIGAN AVE
BEAVER ISLAND, MI 49782
Property Class: 401
School District: 15010
PRE: 0%
2023 SEV: \$223,900
2023 Taxable: \$87,832
Status: TAXABLE
GIS Estimated Acreage: 0.4
Parcel Link: [013-223-030-10](#)

Road Centerlines

 Road Centerlines
 Parcels

20 m
50 ft

