APPLICATION FOR ZONING PERMIT	Case No.			
(Expires 1 year from date of issuance.)	Date Received: 03/27/24			
STJAMES Township	Permit Issued: / /			
Charlevoix County, Michigan	Permit Denied: / /			
(Please print clearly or type	Action (X) To the Planning			
all information.)	Deferred: Commission			
FEE AMOUNT: \$ 7500 (See Attached Schedule)	() To the ZBA			
Check #	Reason Deferred:			
(Make check payable to appropriate township.)	Total Description			
I. <u>Identification</u> - <u>Complete the following</u> : A. Property Owner(s) <u>Brian 4 Susan</u>	Williams			
A. Property Owner(s) Brian & Jusan	T-1. 1 Act			
Address 25950 Oak St. Beave Zip Code 49782 Phone	(248) G- E 0081			
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): Stephen plat	part of Govt 1014 Sect 23 739N			
Street address of property (required) same	as above 10W 10t5 H2			
Property tax ID no. 15 - 013 - 751 - 0	05-00			
Zoning District in which property is located	Ex: K-1, K-2, A, H, etc.)			
Are there any dedicated rights-of-way or easeme	ents which abut or traverse part or			
all of the subject property? No				
(If yes, illus	trate locations on sketch plan.)			
D. Furnish evidence of the following:	4			
 Driveway/Road Permit, obtained from the Charleviox County Road Commission. 				
Property address, obtained from the Charleviox Co. Equalization Dept.				
 Proof of ownership of the property on which use will occur. 				
 Health Dept, approval/permit for on-site septic system or h 				
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 Lat dimensions (a) X / he Total solla	are feet or acres 0,20 acres.			
B. Exterior dimensions of proposed structure 48' X 24'; Height 21' ft.				
C. Proposed use:				
Residential	Non-Residential			
One Family	(') Commercial			
	specify			
() Two or more family				
Number of units	() Industrial			
() Transient hotel or motel	specify			
Number of units	οργομ)			
() Mobile Home	() Other			
() Accessory building	specify			
specify	sheomy			
() Other (Specify)				

General Information (continued)

r.	Type of improvement: (check as many as appropriate)				
	New Building	() Repair, replacement			
	() Addition	() Wrecking			
	() Alteration	() Moving, relocation			
	() Earth change involving land within 500 feet of a lake or stream;				
	Number of feet to the water				
	Body of water invol	ved Paradise Bay			
G.	G. Names of Contractors involved in the project;				
Kevin McDomough Construction					
- Add a garage the size of the existing					
- Add a garage the size of the existing concrete pade The garage will have a					
	Storage room a	hove. The garage will be the existing house via a			
	Connected to +	he existing house via a			
	16-12 preezew	ay,			

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

Check must clear or receipt is void.

2023 Winter PARCEL NUMBER: 013-751-005-00 PROPERTY ADDRESS: 25950 OAK ST PROPERTY TYPE: RESIDENTIAL-IMPROVED CLASS CODE: BEAVER ISLAND COMM SCHOOLS SCHOOL: 15010 Assessment & Tax Information online at: www.charlevoixcounty.org Legal Description: STEPHENS PLAT PART OF GOVT LOT 4 SEC 23 T39N R10W LOT 5 BLK 2. Park 3119 COMPLETE LEGAL DESCRIPTION ON FILE ST. JAMES TWP TREASURER: (231)448-2760 E-MAIL: stjamestwp.treas.bi@hotmail.com DEC 1 - FEB 14: TAX & 1% ADMIN FEE DUE

ST. JAMES TWP TREASURER: (231)448-2760 stjamestwp.treas.bi@hotmail.com
Please consider this a courtesy bill if your taxes are paid via escrow.

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FEB 15 - FEB 29: ADDITIONAL 3% PENALTY & 1%

March 1, 2024 taxes are delinquent; please call the Charlevoix County Treasurer for amount due: 231-547-

INTEREST ADDED

7202.

FISCAL YEARS

County: 10/01 - 9/30

Twn/Cty: 4/1 - 3/31

School: 7/1 - 6/30

State: 10/1 - 9/30

TREASURER NOT RESPONSIBLE FOR PAYMENT ON WRONG PARCEL

PRINCIPAL RESIDENCE EXEMPTION 8: (

76,700 69,128 100.0000

TAXING AUTHORITY	TAX RATE	TAX AMOUNT	
BI SCHOOL OPER	15.39050	EXEMPT	
BI SCHOOL DEBT	2.00000	138.25	
CHAR EM ALLOC	0.19520	13.49	
SPECIAL ED 64	0.64470	44.56	
SPECIAL ED 20	1.46060	100.96	
VOCATIONAL ED	0.75000	51.84	
VOC ED PROGRAMS	0.25000	17.28	
CHAR EM ENHANCE	0.96770	66.89	
B.I. LIBRARY	1.00000	69.12	
COUNTY TRANSIT	0.25000	17.28	
CO SR CITIZEN	0.63560	43.93	
COUNTY RECYCLING .	0.14660	10.13	
COUNTY PARKS	0.15000	10.36	
COUNTY VETERANS	0.10000	6.91	
COUNTY ROADS	0.97070	67.10	
GRANDVUE OP	0.73340	50.69	
TWP ALLOC	0.99030	68.45	
VOTED OPER 20	3.20000	221.20	
VOTED FIRE DEPT	1.00000	69.12	
VOTED MED CENTER	2.00000	138.25	
VOTED ST & ROADS	2.00000	138.25	
VOTED MRANG OF	0.99030	68.45	
VOTED TRANS ST	1.73300	119.79	
VOTED HISTORIC VOTED EMS	0.24750	17.10	
VOIED EMS	2.90000	200.47	
Total Mills	40.70610		
TAX & SPECIAL ASSESSMENTS	20.70010	1 740 00	
ADMINISTRATION FEE		1,749.87	
		17.49	
TOTAL TAX DUE BY: 02/14/24 1 767 36			
1,767.36			

MAKE CHECK PAYABLE TO: ST. JAMES TOWNSHIP 37830 Kings Highway, PO BOX A BEAVER ISLAND, MI 49782 231-448-2760



