

CHARTER TWP OF PORTAGE ZONING - APPLICATION /PERMIT

Applicant to complete all items and return to township office:

Location/Owner of Project:

| | | | |
|--------------------------------|--------------|--|------------------|
| House Number: | Street: | Date of Application: | |
| Town: | Subdivision: | Lot: | Block: Lot Size: |
| Direction to site: | | Property ID: | |
| Estimated Cost of Improvement: | | Approximate Starting Date: | |
| Owner's Name: | | Telephone Number(s): | |
| Mailing Address: | | Email: | |
| Contractor: | | Telephone Number(s): | |
| Mailing Address: | | Excavation/Earth Change Size (acres)*: | |

Residential:

| Type of Improvement: | Proposed Use: | Dimensions/Parking: |
|--|---|--|
| <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Mobile Home <input type="checkbox"/> Prefab/Dble. Wide Home <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____ | <input type="checkbox"/> One Family Home <input type="checkbox"/> Two or More Family, Enter Number of Units _____ <input type="checkbox"/> Addition of Living Space <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage/Storage Bldg. <input type="checkbox"/> Demolition of _____ <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Rental Unit | _____ Number of Stories _____ Number of Bedrooms _____ Number of Bathrooms _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors |

Commercial:

| Type of Improvement: | Proposed Use: | Dimensions/Parking: |
|---|---|---|
| <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____ _____ _____ | <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital / Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Other Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Sanitary <input type="checkbox"/> Other Specify _____ | _____ Number of Stories _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors |
| Type of Sewage Disposal: | <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Septic System |
| Type of Water Supply: | <input type="checkbox"/> Public or Private Company | <input type="checkbox"/> Septic System |

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED. Please contact the Houghton County Building Dept. at 482-2260 to obtain the building permit. Zoning Permit is not valid until signed by a Township official.

SITE OR PLOT PLAN - For Applicant Use

PLEASE INCLUDE: 1) Size of Lot 2) Size of Building and Location 3) Location of Existing Buildings 4) Locations of Septic, Well, Driveway
5) Distance from Lake or Stream if Applicable

FOR ZONING ADMINSTRATOR USE – DO NOT WRITE BELOW

| | | | |
|-----------------------------------|--------------|-----------------------------------|-----------------------------|
| District | | Use | |
| Notes: | | | |
| Front Yard | | Rear Yard | |
| Side Yard | | Side Yard | |
| Zoning Permit Fees: \$ _____ | | Paid Date | Township Official Signature |
| Approved | Not Approved | Zoning Administrator Signature | Date |
| Variance Board Fee \$ \$ _____ | | Paid Date | Township Official Signature |
| Approved | Not Approved | Zoning Board of Appeals Signature | Date |

Remarks:

The Charter Township of Portage Zoning Application Fee as of July 01, 2016 is: \$50.00

**To review the property and or structure in question; I _____ (Name)
do hereby give permission to the Charter Township of Portage's Zoning Administrator to enter the
enter the property described in this Zoning Permit.**

(Signature)

(Date)

***Note:** The Portage Township Planning Commission will conduct a Site Plan Review according to the Portage Township Zoning Ordinance:
<http://www.portagetownship.info/planning-zoning.php>

A SESC permit is required if excavation/earth change > 1 acre or within 500 ft of a lake or stream (Houghton County Drain Commission: 906-482-4491). Permit Application: http://www.houghtoncounty.net/docs/SESC_Email_Att.pdf

Please see the following information as additional permit requirements may be required for excavations/earth changes:

MDEQ Soil Erosion and Construction Storm Water
http://www.michigan.gov/deq/0,4561.7-135-3311_4113---.00.html

MDEQ/USACE Joint Permit Application for Wetlands, etc.
http://www.michigan.gov/deq/0,4561.7-135-3313_71520_24403---.00.html

