

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

### Commercial:

| Type of Improvement:  | Proposed Use:  | Dimensions/Parking:   |
|---|--|---|
| <input type="checkbox"/> New Building<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Repair/Replacement<br><input type="checkbox"/> Relocation<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Other, Specify _____<br><br>_____<br><br>_____ | <input type="checkbox"/> Amusement, recreational<br><input type="checkbox"/> Church, other religious<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Service Station/Repair Garage<br><input type="checkbox"/> Hospital / Institutional<br><input type="checkbox"/> Office, Bank, Professional<br><input type="checkbox"/> Marijuana Facility (see page 2)<br><input type="checkbox"/> Public Utility<br><input type="checkbox"/> School, Library, Other Educational<br><input type="checkbox"/> Stores, mercantile<br><input type="checkbox"/> Tanks, towers<br><input type="checkbox"/> Sanitary<br><input type="checkbox"/> Other<br>Specify _____ | _____ Number of Stories<br><br>_____ Total square feet of floor<br>area, all floors, based on exterior dimensions<br><br>Number of Off Street Parking Spaces:<br>_____ Enclosed<br>_____ Outdoors |
| <b>Type of Sewage Disposal:</b>   | <input type="checkbox"/> Public or Private Company   | <input type="checkbox"/> Septic System  |
| <b>Type of Water Supply:</b>  | <input type="checkbox"/> Public or Private Company   | <input type="checkbox"/> Septic System  |

**Commercial:**

**Proposed Use:**

|  |  |
|--|--|
| <p><input type="checkbox"/> Marijuana<br/>Facility Type<br/><input type="checkbox"/> Grower:<br/>    <input type="checkbox"/> Class A (500 plants)<br/>    <input type="checkbox"/> Class B (1000 plants)<br/>    <input type="checkbox"/> Class C (1,500 plants)<br/><input type="checkbox"/> Provisioning Center<br/><input type="checkbox"/> Secure Transportation<br/><input type="checkbox"/> Safety Compliance Facility<br/><input type="checkbox"/> Processor</p> |  |
|--|--|





**Remarks:**

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

**\*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](http://www.houghtoncounty.net/docs/SESC_Email_Att.pdf)

Marijuana facilities must meet LARA & State of Michigan Licensing requirements.

**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](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](http://www.michigan.gov/deq/0,4561,7-135-3313_71520_24403---,00.html)