

**ALLENDALE CHARTER TOWNSHIP
OTTAWA COUNTY, MICHIGAN
6676 LAKE MICHIGAN DRIVE
ALLENDALE, MI 49401
Phone – (616) 895-6295 ext. 1 Fax – (616) 895-6330**

APPLICATION FOR ZONING COMPLIANCE

The following information is necessary to determine whether a proposed development is consistent with the provisions of the local zoning ordinance. If additional space is needed, number and attach additional pages. An application will not be accepted unless accompanied by proper fee. All information provide herein becomes public record upon submittal.

1. Applicant Information

A. Owner or Applicant Name: _____

Address: _____

Phone# _____

Fax# _____

B. Property Address: _____

Parcel# _____

C. Lot size in acres or square feet: _____

2. Proposed Improvement:

- () New Building
- () Addition
- () Interior alteration
- () Repair
- () Fence
- () Wrecking or Demolition
- () Moving or Relocation
- () Property Compliance Confirmation

3. Existing Use:

Residential:

- One Family
- Two or More Family (no. of units ____)
- Hotel, Motel, Rooming House (no. of units ____)
- Garage
- Carport
- Other (specify) _____

Non-Residential

- Amusement, Recreational
- Church, School, etc.
- Industrial
- Service Station
- Barn
- Office, Bank, Professional
- Public Utility
- Retail Commercial
- Warehouse, Storage Tanks, etc.
- Other (specify) _____

For non-residential, describe in detail the existing use of the building:

4. Height of Structure or Addition: (height is measured from finish grade to a mid point between the eve and peak)

Feet: _____ No. of Stories: _____

5. Additional Information:

Attach a sketch or plot plan drawn to approximate scale showing the following:

- Length and width of any structures.
- Location of existing structures on the lot.
- Location and size of any accessory buildings (garages)
- Location and size of parking areas
- If a corner lot, designate road right-of-ways.

6. Affidavit:

The owner of the building and/or the undersigned hereby requests that the zoning administrator review the attached information for the purpose of determining compliance with the provisions of the zoning ordinance. The undersigned further affirms that he/she or they is (are) the _____ (specify: owner, lessee, contractor or other authorized agent) involved in this request and that the answers and statements herein contained and the information herewith

submitted are in all respects true and correct to the best of his, her or their knowledge and belief.

Applicant(s) Signature

Date

7. Zoning Administrator's notes (for official use only)

Date Application Received _____

Zone District _____

Use described above is (Article 2 & 3)

- Permitted
- Permitted by Special Use Permit
- Permitted as a Legal Non-Conforming Use
- Not Permitted

Principal Structure (Article 2 & 3)	Required	Provided
Lot area	_____	_____
Lot width	_____	_____
Front yard setback	_____	_____
Rear yard setback	_____	_____
Side yard setback	_____	_____
Lot coverage	_____	_____
Max. building height	_____	_____

Accessory Structure		
Front yard setback	_____	_____
Side yard setback	_____	_____
Rear yard setback	_____	_____
Max. height	_____	_____

Parking Spaces _____

General lighting and screening _____

Supplemental Regulation for specific uses: complies does not comply

Other provisions, conditions of approval, bonds, etc. _____

8. Zoning Compliance Permits:

This section, when approved by the duly authorized zoning administrator, shall constitute zoning compliance. The undersigned, having reviewed the information and plans contained in this application and the pertinent sections of the zoning ordinance hereby takes the following action:

() Application for Zoning Compliance (not approved)
Basis for Non-Approval _____

() Application for Zoning Compliance referred to the Zoning Board of Appeals for further review.

Action taken by Zoning Board of Appeals: _____

() Application for Zoning Compliance (Approved)

Zoning Administrator

Date

For Office Use Only

Request # _____

Date Rec'd _____

Fee Amount _____

Date App. _____