Control # _____

OSCODA TOWNSHIP LAND USE PERMIT

110 S. State Street, Oscoda MI 48750, Phone 989-739-9019
Fax: 989-739-3344 E-mail: zoning@oscodatwp.com

Important Note: The applicant is responsible for adhering to any subdivision and or homeowners' association rules, bylaws, deed restrictions or covenants which may apply to a specific parcel of land.

DNR/DEQ: Is the property in a designated Flood Zone, Wetland, or High Risk Erosion Area? ____ Y ____ N
(If yes, attach DNR/DEQ determination concerning subject property)

SESC Permit: Will earth change disturb one or more acres or is it within 500 feet of lake, stream, or other body of water? ___Y ___N
(If yes, a Soil Erosion and Sedimentation Control Permit will need to be obtained from the Iosco Co. Building Dept)

1. Property Owner Information

Name: _____

Address: _____

_____

Phone: _____

2. Applicant Information

Name: _____

Address: _____

_____

Phone: _____

Please Indicate (circle) **Primary Contact:* Applicant – Owner or Other: _____

3. Property Information

Address: _____

Zoning District: _____

Parcel Number: _____

Parcel Size: _____

Cross Streets: _____

4. Description of Proposed Use/Action

_____

_____

_____

_____

_____

5. Building Type or Proposed Use/Activity (Check one or more activities)

___ Single Home	___ Garage	___ Shed/Storage	___ Sign(s)	___ Bldg. Demolition
___ Duplex Home	___ Carport	___ Fence	___ Commercial	Other:
___ Bldg. Addition	___ Deck/Porch	___ Driveway/paving	___ Bldg. Repair	_____

6. Property Zoning Information

(For applicable Zoning information, contact the Zoning Administrator at 989-739-9019 or visit the Township's web page at www.oscodatwp.com and click on Ordinances, Zoning Ordinance 165)

Building Setbacks:					Building Height:	Building Coverage:
Required:	Front _____	Side _____	Side _____	Rear _____	Maximum _____	Maximum: _____
Proposed:	Front _____	Side _____	Side _____	Rear _____	Proposed _____	Proposed: _____

7. Applicant's Signature

I am the owner of the property included in this application or am officially acting on the owners' behalf. I hereby attest that the information on this application form, the site plan and other attachment(s) is, to the best of my knowledge, true and accurate. I hereby grant permission to the Township Staff and/or any appropriate Township Official to access this property to review the accuracy of the information submitted. □ **Yes** □ **No**

_____ Signature of Applicant

_____ Date

(0ver)

Official Use Only

__ CONSTRUCTION – The Township's Utility Department shall review and approve proposed plans for construction in all Districts served by Public Water and Sanitary Sewer including the Villages of Oscoda and/or Wurtsmith Properties.

Utility Departments Approval: _____ _____
Authorized Signature Date

__ DEMOLITION – Prior to the issuance of a Land Use Permit, the Township's Utility Department shall inspect and approve the disconnect of all public water and sewer connections for demolition projects in all Districts served by Public Water and Sanitary Sewer including the Villages of Oscoda and/or Wurtsmith Properties.

Utility Departments Approval: _____ _____
Authorized Signature Date

Applicable Zoning Ordinance Compliance (Ordinance 165)

Along with the basic Zoning Ordinance Regulations, the applicant shall also comply with one or more of the following:

		Copy Attached
__	Single-Family Dwelling Unit Design Standards - Section 6.18	_____
__	Accessory Structure(s) standards - Sections 6.2 (Ref. Sec. 6.2.1 thru 6.2.5)	_____
__	Fences and/or Walls - Section 6.13	_____
__	Driveways and Curb Cuts - Section 6.22	_____
__	Demolition Projects - Section 7.4.4	_____
__	Applicant must meet Iosco County Building Department requirements (codes and permits).	
__	Call Miss Dig (1-800-482-7171) before any type of excavation	
__	Other: _____	

Oscoda Township Land Use Permit

Permit Approved _____ _____ _____ _____
Signature of Zoning Administrator Date Number Fee

Note: An approved Land Use Permit remains valid for **one year** from date of issue and, unless construction is started within that year, the permit expires. In the event a permit expires, a new permit must be obtained prior to commencing work.

All actions described on a Land Use Permit application shall be completed within one (1) year of the permit's approval date. If said actions are not completed within one (1) year, a new permit that only allows for a six (6) month extension must be obtained from the Zoning Administrator. Except, for structures, all structures shall be completed within one (1) year of the date of issuance of the permit for such structure, unless an extension for not more than one (1) additional year is granted for good cause by the Zoning Administrator.

SITE PLAN DRAWING

As part of a Land Use Permit application, an accurate site plan must be submitted, including:

a. Property dimensions, including total width and depth, and a "North" arrow.
b. All structures currently located on the property with their size(s) indicated.
c. The exact distance(s) between all structures on the property.
d. All roads or easements adjoining, abutting or traversing the property.
e. An accurate depiction of the driveway access to the property and parking areas.
f. The proposed placement of any new structure, addition or other improvement on the property, showing the dimensions of the improvements and the distances between them and other structures and the lot lines.

Note: It is preferred that the site plan information be included on, or with, a copy of a *property survey*. However, if a survey is not available, the applicant may use the grid area below, or a similar format, to provide the required drawing information.

APPLICANT CERTIFICATION

"I certify the above or attached drawing accurately reflects the subject property as surveyed including property lines and the height, size, and setback locations of existing and proposed structures and improvements."

Signature (Applicant) (Date)