

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)**

<input type="checkbox"/> Single Home	<input type="checkbox"/> Garage	<input type="checkbox"/> Shed/Storage	<input type="checkbox"/> Sign(s)	<input type="checkbox"/> Bldg. Demolition
<input type="checkbox"/> Duplex Home	<input type="checkbox"/> Carport	<input type="checkbox"/> Fence	<input type="checkbox"/> Commercial	Other: _____
<input type="checkbox"/> Bldg. Addition	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Driveway/paving	<input type="checkbox"/> 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:**

**Required:** Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ **Maximum** \_\_\_\_\_ **Maximum:** \_\_\_\_\_

**Proposed:** Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ **Proposed** \_\_\_\_\_ **Proposed:** \_\_\_\_\_

**Building Height:**

**Building Coverage:**

**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

(Over)

Official Use Only

For Villages of Oscoda and/or Wurtsmith Properties, United Water review and approval is required:

United Water Approval: \_\_\_\_\_  
Signature Date

Applicable Township Regulations:

In addition to the basic Zoning District regulations, the applicant must also comply with:

Copy  
Attached

- \_\_\_ Single-Family Dwelling Unit Design Standards (Ordinance 165, Section 6.18) \_\_\_\_\_
- \_\_\_ Accessory structure(s) must be compatible with principle dwelling (color, siding type, roof color, etc.). \_\_\_\_\_
- \_\_\_ Accessory structures must comply with all requirements of Section 6.2 of Ordinance 165. \_\_\_\_\_
- \_\_\_ Fences and/or walls must comply with all requirements of Section 6.13 of Ordinance 165. \_\_\_\_\_
- \_\_\_ Driveways and curb cuts must comply with all requirements of Section 6.22 of Ordinance 165. \_\_\_\_\_
- \_\_\_ Applicant must meet Iosco County Building Department requirements (codes and permits). \_\_\_\_\_
- \_\_\_ Other applicable Information: Call Miss Dig 1-800-482-7171 before any digging or other earthwork. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Oscoda Township Land Use Permit

Permit Approved \_\_\_\_\_  
Signature of Zoning Dept Official 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.

