

Maple Valley Township Zoning Application

Maple Valley Township Montcalm County

Property Owner _____

Owner mailing address _____

Applicant (if different then owner) _____ Phone number _____

Email _____

Site address _____

Current Zone District: AR R1 R2 MH C1 PUD SC

Describe project request _____

Type of request: Erect Enlarge Move Alter Replace Demolition Other _____

Type of Structure: Dwelling Garage Accessory Building Other _____

Construction cost \$ _____ Total Square footage _____ Number of stories _____

Dimensions Length _____ Height _____ Width _____

Required attachments (If applicable): All applications for zoning permit shall require an accurate scale map showing the following:

- A: The location, shape, area, dimensions, legal description of the parcel, deed restrictions, location of easements, center line of street, and street right of way.
- B: The location, setbacks, dimensions, height of the existing and/or proposed structures to be erected, altered or moved on the parcel.
- C: The existing and intended use of structure(s) and property.
- D: The proposed number of sleeping rooms, dwelling units, occupants, employees, customers, and another other users.
- E: Any change to the contour of the parcel involved.
- F: Identify surface water and waterways.
- G: Any application where the above information is not provided or is illegible shall be returned for revision.

Applicants Signature: _____ Date: _____

For office use only

Fee paid: \$ _____ Cash Check number _____ Zoning permit # _____

_____ All required attachments are included for approval

Reviewed by _____ Date _____

_____ Approved _____ Disapproved (reason) _____