

**KALEVA-MAPLE GROVE TOWNSHIP Zoning-Land use application**

PO Box 48, 9208 Kauko St., Kaleva, Michigan 49645 cell 231.590.0902

Fax 231.362.2555 email beldo300@gmail.com

Property #51.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_ Permit # \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

Applicant (if not owner) \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Construction site address \_\_\_\_\_

Parcel size (Acres or SQ Ft) \_\_\_\_\_ Building Size \_\_\_\_\_

Proposed Land use. Residential \_\_\_\_ Commercial \_\_\_\_ Agricultural \_\_\_\_ Industrial \_\_\_\_

Date Construction to begin \_\_\_\_\_

*Please attach a sketch of the proposed structure with setbacks from each property line noted.*

I swear the above statements are true. I understand that all provisions of the Kaleva-Maple Grove Township Zoning Ordinance must be adhered to. I agree with all regulations and conditions that are a result of approval of this land use permit. I will update the Zoning Administrator of any changes in the information above or attached. I will provide the Zoning Administrator copies of building permits, septic permits or any other permits obtained in completion of this land use.

Sign & date \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*do not write below this line\*\*\*\*\*

Zoning Classification \_\_\_\_\_ Land Use Permit Approved \_\_\_\_\_ Conditions \_\_\_\_\_

An approved land use permit will expire one (1) year from date of approval. Extensions may be granted by the Zoning Administrator.

Land Use Permit Denied \_\_\_\_\_ Reason(s) are attached.

ZA signature & date \_\_\_\_\_

Payment form \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Copy to Assessor and Zoning Administrator