

# GREENWOOD TOWNSHIP ZONING APPLICATION FOR A USE PERMITTED BY RIGHT

DATE \_\_\_\_\_

OWNER \_\_\_\_\_ BUILDER / CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY TAX # \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS OF BUILDING SITE \_\_\_\_\_

NEAREST MAJOR CROSS RD. \_\_\_\_\_

TYPE OF IMPROVEMENT		PROPOSED USE	
DWELLING	ACCESSORY BUILDING	RESIDENTIAL	NON-RESIDENTIAL
_____ NEW BUILDING	_____ GARAGE	_____ ONE FAMILY	_____ COMMERCIAL
_____ ADDITION	_____ SHED	_____ TWO FAMILY	_____ INDUSTRIAL
_____ PORCH/DECK	_____ POLE BARN	_____ MULTI-FAMILY	_____ P.U.D.
_____ BREEZEWAY	_____ OTHER	_____ OTHER	

DWELLING AFTER IMPROVEMENT		ACCESSORY SIZE		SET BACKS	
TOTAL SQ. FT	_____	TOTAL SQ.FT.	_____	FRONT	_____
STORIES	HEIGHT-MAX 35' _____	HEIGHT-MAX 20'	_____	REAR	_____
LENGTH	WIDTH _____	LENGTH	_____	LEFT	_____
		WIDTH	_____	RIGHT	_____

THE ZONING APPROVAL CERTIFICATE WILL NOT BE ISSUED UNTIL THE SITE HAS BEEN INSPECTED AND MEETS ZONING ORDINANCE REQUIREMENTS. A LAND SURVEY, BY A LICENSED SURVEYOR, MAY BE REQUIRED IF THE LOT LINES ARE NOT CLEARLY DEFINED.

I, the undersigned, give permission for the members of the Greenwood Township Planning and Zoning Commission, Zoning Board of Appeals, and/or the Zoning Administrator to enter the above listed property to make the necessary inspections pertaining to this application. I further understand the approval is issued on the express condition that all work shall conform to this application and be done in accordance with the building, health, zoning, DNR/DEQ, and other applicable local and state permits and ordinances.

**Processing Fee \$50.00 with Application**  
**CHECKS PAYABLE TO GREENWOOD TOWNSHIP**  
**(989)786-7872 4030 Williams Rd. LEWISTON, MI. 49756**

\_\_\_\_\_  
Signature of Owner / Agent      Date

## TOWNSHIP USE ONLY

ZONING DISTRICT	_____	APPLICATION CONFORM TO ORDINANCE	YES	NO
USE PERMITTED BY RIGHT	YES      NO	CERTIFICATE ISSUED	YES	NO
SPECIAL USE PERMIT	YES      NO	NUMBER	_____	
BOARD OF APPEALS	YES      NO	IF NO EXPLAIN:	_____	
SITE INSPECTION DATE	_____		_____	
TOTAL MILEAGE	_____		_____	

ZONING ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

**OVER**

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Make a drawing, showing the lot lines, the proposed structure with the distance from the front, rear and side lot lines, the location of well and septic with the distance between the well and septic system. The location of all existing structures, the size of each structure and the distance between each structure. If the proposed structure is a dwelling show a floor plan of each level of the structure, including basement. Please indicate NORTH.

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