

Permit # _____ ***Clarendon Township Land Use Permit*** Fee: \$30.00
IMPORTANT: This project may require additional building, mechanical, electrical or plumbing permits. All fees are payable to Clarendon Township. Please contact SAFEbuilt prior to starting any work on site at (269) 729-9244

Return permits with applicable fee to: Randy Shank, Zoning Admin.; 800 19 Mile Rd.; Tekonsha, MI 49092; (269) 967-3964

This Land Use Permit expires one year from date of issue

IMPORTANT: APPLICANT TO COMPLETE ALL ITEMS IN SECTION 1 – 4

1. LOCATION OF BUILDING (All Applicants Complete This Section)

AT (LOCATION) _____ ZONING DISTRICT _____
 CITY: _____ COUNTY: _____
 BETWEEN: _____ AND: _____
 (CROSS STREET) (CROSS STREET)
 PARCEL #: _____ (THIS IS ON YOUR TAX BILL)
 LIGHTHOUSE VILLAGE LOT # _____

2. Identification - (To be completed by all applicants)

1. Owner or Lessee: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Telephone #: _____
 2. Contractor _____ Mailing Address: _____
 City: _____ State: _____ Zip _____ Telephone # _____
 Builders License # _____
 3. Architect or Engineer: _____ Mailing address: _____
 City: _____ State: _____ Zip: _____ Telephone #: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by The owner to make this application as his authorized agent and agree to conform to all laws of this jurisdiction.
 Signature of Applicant _____ Address _____

Application Date

3. TYPE AND COST OF BUILDING: (All Applicants Complete Parts A - D)

A. TYPE OF IMPROVEMENT:

New Building Addition (if residential, enter number of new housing units added, if any, in part D,)
 Alteration (see addition above) Repair, replacement Moving (relocation) Foundation only
 Wrecking (if multifamily residential, enter number of units in building in part D)

B. Ownership:

Private (individual, corporation, nonprofit, etc.) Public (Federal, State, or local government)

C. Cost of improvement : (Even Dollars)

Electrical-----\$ _____
 Plumbing-----\$ _____
 Heating, Air conditioning-----\$ _____
 Other, (elevator, etc.)-----\$ _____
 Total cost of improvement-----\$ _____

Continue with Part D on next page

D. Proposed use – (for “wrecking” most recent use):

RESIDENTIAL: one family two or more - enter number of units(_____) garage: carport:
 transient hotel, motel, or dormitory, number of units(_____) other - specify _____

NONRESIDENTIAL: amusement, recreational: church, other religious: industrial: parking garage
Service station, repair garage: Hospital, institutional: Office, bank, professional: public utility
school, library, other educational: stores, mercantile: Tanks, towers: agricultural (out building/
barn/storage bin /machinery cover etc.) other, specify _____

Nonresidential: Describe in detail the proposed use of buildings, i.e., food processing, machine shop, laundry building at Hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of an existing building is being changed, enter proposed use.

**4. Selected characteristics of building; (For new building and additions complete parts E - M)
(For wrecking, complete only part J,)**

[E] PRINCIPAL TYPE OF FRAME:

Mason nary (wall bearing) Wood frame Structural steel Reinforced concrete
 Other specify _____

[F] PRINCIPAL TYPE OF HEATING FUEL:

Gas Oil Electricity Coal Bio Mass Other specify _____

[G] TYPE OF SEWAGE DISPOSAL:

Public or private company Private, (septic tank, etc.)

[H] TYPE OF WATER SUPPLY:

Public or private company Private (well, cistern)

[I] TYPE OF MECHANICAL:

Will there be central air conditioning: Yes No Will there be an elevator Yes No

[J] DIMENSIONS: (based on exterior dimensions)

Number of stories:_____ Total square feet of floor area, all floors:_____ Total land area sq. ft. _____

[K] Number of off-street parking spaces: _____ Enclosed _____ Outdoors _____

[L] Residential buildings only: Number of bedrooms: _____ **Number of baths:** Full _____ Parcel _____

[M] On back, or attached to this sheet, please show a drawing of the proposed change(s)

ZONING ADMINISTRATOR'S NOTES - FOR OFFICE USE ONLY (DO NOT WRITE THIS AREA)

Use: _____ Front Yard _____
SideYard: _____ SideYard: _____ RearYard: _____

Notes: _____

Zoning Admin. Signature: _____ **Date:** _____