

**TOWNSHIP OF SOMERSET**  
12715 E. Chicago Rd., P.O. Box 69  
Somerset Center, Michigan 49282  
Ph: 517-688-9223 – Fax: 517-688-9132

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Zoning Compliance Permit Application

Property Owners Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot Size: \_\_\_\_\_ Height of Building: \_\_\_\_\_ Number of Levels in Building: \_\_\_\_\_

Proposed Sq. Footage: \_\_\_\_\_ Existing Sq. Footage: \_\_\_\_\_

Total Sq. Footage: \_\_\_\_\_ Lot Coverage %: \_\_\_\_\_ Corner Lot: YES/NO

Impervious Surface Footage: \_\_\_\_\_ Site Plan #: (If Applicable) \_\_\_\_\_

Is the property abutting a lake, if so what is the distance from the lake to the proposed structure? \_\_\_\_\_

If this is a business will it require a sign? YES/NO

Please describe type and nature of business: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Total number off-street parking spaces: Regular \_\_\_\_\_ ADA Accessible \_\_\_\_\_

The issuance of a Zoning Compliance permit does not assure the building setbacks have been met or that the structure does not encroach on an easement or right-of-way. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements and right-of-ways. If the Township determines the structure does not meet applicable setbacks or improperly encroaches on an easement/right-of-way, the owner is responsible for moving the structure, restoring the easement/right-of-way to its original condition or otherwise making the structure comply with the Township's setbacks and other zoning ordinance requirements. In addition to the requirements of the permit there may be additional restrictions applicable to this property that may be found in the public records of this Township and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. The issuance of the zoning compliance permit does not infer compliance with your deed restrictions. Commencement of work without Architectural Review Committee (ARC) approval could result in a violation issued by the ARC or your respective Homeowners Association (HOA).

Application is hereby made to obtain a zoning compliance permit to do the work and installations as indicated, nonetheless a building permit may still be required. By signing this application, I certify that no work or installation has commenced prior to the issuance of a zoning compliance permit and that all work will be performed to meet the standards of all laws regulating construction, as well as, all Township Zoning Ordinances within this jurisdiction.

\_\_\_\_\_ or \_\_\_\_\_

**Signature of Owner/Agent**

**Signature of Contractor**

**TO BE COMPLETED BY TOWNSHIP STAFF ONLY**

S/T/R:	Zoning:	Setbacks: F-      S-      R-	Max Structure Lot Coverage %:
Minimum Lot Area:	Minimum Lot Width:	Maximum Height Requirements:	Future Land Use:
Site Plan, Variance, Rezoning #:	Non-Conforming Lot of Record:	Non-Conforming Lot of Records that Must adhere to zoning district regulations:  YES/NO	Utility Easement: F-      S-      R-
Drainage Easement: F-      S-      R-	Right-of-Way: F-      S-      R-	Granted/Denied/Required:	Granted/Denied (2 <sup>nd</sup> submittal):

**NOTES:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Zoning Administrator: \_\_\_\_\_

**TOM WEIDNER**