



OFFICE USE Parcel: 41-06-_____-_____-_____ Date Approved: _____ Permit #: _____

ZONING COMPLIANCE PERMIT APPLICATION

A Zoning Compliance Permit must be obtained and approved by the Algoma Township Zoning Administrator before a Building Permit will be issued by Imperial Municipal Services

Date: _____

Location Address: _____

OWNER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: (work/cell/home?) _____

Email: _____ Fax: _____

APPLICANT INFORMATION: If different from Owner Info. (i.e. Builder, architect, engineer, sign comp.)

Company: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: (office, cell?) _____

Email: _____

Permit Requested For: (Circle all that apply)

House	Addition	Accessory Bldg.	Pool or Deck	Demolition	Other
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Explanation of Request: _____

Planning/Zoning Department Office Hours:
 Tuesday, Wednesday 8:30 – 4:30; Friday 8:30 – 1:00
 Zoning Administrator Direct Line: 616-433-1425 Zoning Assistant Direct Line 616-433-1421
planning@algomatwp.org anoorman@algomatwp.org
www.algomatwp.org

ZONING PERMIT APPLICATION CHECKLIST

*****Application will not be accepted/processed without complete information and signature**

SITE PLAN

***Please use a separate sheet of paper to draw a diagram (site plan) showing all of the following items (If Applicable):

Yes No N/A

1. Dimensions of the lot and acreage (all sides)
2. Location with distances to lot-lines of all existing and proposed structures
3. Dimensions and square footage (footprint) of all existing structures
4. Distance between all existing structures
5. Location of all roads and easements bordering or on the property.
6. Location of any power and gas lines on the property
7. Location of any lakes, rivers, streams or wetlands on or near the property
8. Are you in a flood plain district?
9. An arrow indicating the direction of North
10. **New Homes:** Driveway clearance of at least 12ft wide
11. **New Homes:** Survey of property showing exact build location
12. Sign and date site plan

BUILDING

Yes No N/A

1. Set of Building plans (If larger than 11 ½ x 14, provide a digital copy)
2. Show overall height of structure from foundation to peak
3. Show building square footage
4. If accessory building, show door height and eave wall height

CAMP LAKE SEWER DISTRICT ONLY

1. First call by the Zoning Administrator to the Township Engineer will be made at no cost to the applicant.
2. Preliminary Connection & Inspection escrow fee of \$750 is required.
 - a. Such deposited sum shall be used for reimbursement of Township expenses. Balance remaining in the escrow account after all inspections are complete shall be refunded to applicant.

Date Paid: _____ / \$ _____

Applicant Signature: _____ Date: _____