

# Deerfield Township

Livingston County, Michigan  
4492 Center Road, Linden MI 48451 (517) 546-8760

## LAND USE PERMIT APPLICATION for a DWELLING and related accessory uses/structures.

(References to "Section" and "Article" refer to the Deerfield Township Zoning Ordinance They are provided to assist the applicant. The references highlight parts of the Ordinance that may be applicable but do not necessarily identify all parts that apply.)

**Important Notice to Applicants:** This application must be completed in full and the required number of copies submitted to the Zoning Administrator (see #13). All questions must be answered completely. If additional space is needed, number and attach additional sheets. Approval of this application is required before a Land Use Permit can be issued. The erection of a building or structure, or excavation for any building or structure, prior to the issuance of a Land Use Permit is a violation of the Zoning Ordinance.

<b>1) APPLICANT:</b>			
Name	Street Address	City / State / Zip Code	Telephone #
<b>2) Applicant's Interest in Property:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Buy Option <input type="checkbox"/> Other/Specify:			
<b>3) Property Address:</b> _____ between _____ and _____ Roads			
<b>4) Landowner:</b> Name, address & phone number of landowner if different than "applicant":	<b>12) This application is made for a:</b> (check as appropriate)		
		New	Addition or Alteration
<b>5): Tax Parcel #:</b>	Single Family Dwelling (Sec. 19.13)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6) Zoning District:</b>	Two-Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>
<b>7) Parcel Acreage:</b>	Temporary Dwelling (Sec. 19.12)	<input type="checkbox"/>	<input type="checkbox"/>
<b>8) Present Use:</b>	Accessory Bldg./Garage (Sec. 19.11)	<input type="checkbox"/>	<input type="checkbox"/>
<b>9) Is parcel in a:</b> <input type="checkbox"/> platted subd. <input type="checkbox"/> condo. subd. If "yes", subd. name:	Accessory Bldg./Pole Barn (Sec. 19.11)	<input type="checkbox"/>	<input type="checkbox"/>
	Accessory Bldg./Pool (Sec. 19.03)	<input type="checkbox"/>	<input type="checkbox"/>
<b>10) Deed restrictions on parcel:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Attach copy to application if "Yes"	Other/Specify:	<input type="checkbox"/>	<input type="checkbox"/>
<b>13) Supporting Documents:</b>			
<b>11) Names, addresses, phone #s of all other persons, firms or corp. having legal or equitable interest in the land:</b>			
a)	Plot Plan: The applicant shall submit at least one (1) copy of both this completed application form and a Plot Plan prepared according to Sec. 4.03(A).		
b)	Proof of Property Ownership: The applicant must attach proof of ownership of the property subject to the application, such as a warranty deed, land contract or other evidence of interest in the property.		

**14) AFFIDAVIT:** I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Land Use Permit applied for, if granted, is issued on the representations made herein and that any Land Use Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

Applicant Signature(s)    Date	Property Owner's(s) Signature(s)    Date <small>(if different than applicant)</small>
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FOR TOWNSHIP USE ONLY			
<b>Application Number:</b>		<b>Tax Parcel Number:</b>	
<b>Date Received:</b>		<b>Zoning Administrator Action Taken</b> (circle as appropriate)	
<b>Fee Paid</b>	<b>Date</b>	<b>Approved</b>	<b>Approved with Conditions</b>
1)		<input type="checkbox"/>	<input type="checkbox"/>
2)		<input type="checkbox"/>	<input type="checkbox"/>
<b>Taxes Paid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Initials:		Denied	
		on the following date: _____	