Conway Township

8015 N. Fowlerville Road PO Box 1157 Fowlerville MI 48836



Phone 517-223-0358 Fax 517-223-0533 zoningadmin@conwayMI.gov

Land Use Permit

Permit No		Date		
Owner			Phone	
Site Address_			City	Zip
Contractor			Phone	
Address			City	Ziproads.
On the	side of	between	and	roads.
Subdivision				Lot No Acreage
Size of Lot: Fr	ont Rea	r Side _	Side	Acreage
				e
Application is				
() Dwellin	g () Deck () Sign () A	Addition () Garage	() Swimming Pool
. ,	ry Building () Co			
) Steel Manufactured
Home () Ot	:her			
Size of buildin Estimated Val	ue \$ nck feet from f	Rear Total Square	Depth He Feet	linewaterfront
of propert streams; a dimension o Include 3 : Blueprint	y, all road adjacent ll structures, existi as from buildings to sets of blueprints. (must be stamped b	to property (inding or proposed sees property line; din one copy for Town y the Township p	cate private or county ptic tank and field, eximensions of proposed aship and two for the lirior to submitting to the submitting the submitted submitting the submitted submitting the submitted submi	Building Department.
o For sign, a	ttach drawing show	wing the dimensio	ns of sign, and for a w	all sign, the façade to which

Notice:

it will be attached.

Applicant may be required to get a building permit from the Livingston County Building Department, a permit from the Livingston County Department of Public Health, a driveway permit from the Livingston County Road Commission, and other applicable permits.

o Attach proof of ownership to property of property. (Tax bill, Warranty Deed or Land Contract)

Any land use permit granted shall be null and void unless the development proposed is

completed in one year from the date of granting said permit.

The Zoning Administrator may suspend or revoke a permit issued in error or on a basis of incorrect information supplied be the applicant or his/her agent or in the event of violation of any of the ordinances or regulations of the township.

Applicant shall notify the Zoning Administrator when construction is ready for inspection pursuant to section 18.2CI,2, & # and request a certificate of compliance be issued.

I hereby agree that the use of the premises and the construction of any improvements or structures will be accomplished in strict compliance with this application and the Conway Township Zoning Ordinance, the Livingston County Building Codes, the Livingston County Department of Public Health rules and regulations, and all other laws and regulations that may be applicable.

I hereby declare that all the above statements and information contained in this application and any attachments submitted herewith are true and accurate.

I understand that there may be deed restrictions that may apply to this project. A Land Use Permit is valid for a period of 6 months from the date of issue, with a possible 6 month extension if construction was started. Any modification to location, size, or dimensions must be approved by Conway Township. I understand that issuance of this Land Use Permit does not waive the requirements for Building, Driveway, Health or any other permits required by law.

The applicant is required to call for inspections after ground has been broke for the applied land use.

Applicant Signature	Date			
ApprovedDisapproved	Date			
Conditional				
Zoning Administrator				

Land Use Fees
Residential \$100
Commercial \$200