

# ZONING PERMIT

**CHARTER TOWNSHIP OF FLUSHING**

**6524 N. Seymour Road**

**Flushing, Michigan 48433**

**810-659-0800 Fax 810-659-4212**

**Receipt #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Permit Fee:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS. NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR BUILDING, PLUMBING, MECHANICAL, AND ELECTRICAL PERMITS IF REQUIRED. SOIL EROSION PERMIT THROUGH GENESEE CTY.

Parcel # \_\_\_\_\_

Estimated Value of Structure \$ \_\_\_\_\_

## LOCATION OF BUILDING

STREET LOCATION: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ OWNERSHIP: [ ] Private [ ] Public  
between \_\_\_\_\_ and \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

## TYPE OF IMPROVEMENT:

## RESIDENTIAL PROPOSED USE:

## NON-RESIDENTIAL PROPOSED USE:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> NEW BUILDING       | <input type="checkbox"/> ONE FAMILY                    | <input type="checkbox"/> AMUSEMENT        | <input type="checkbox"/> LIBRARY            |
| <input type="checkbox"/> ALTERATION         | <input type="checkbox"/> TWO OR MORE FAMILY ___# UNITS | <input type="checkbox"/> CHURCH, RELIGION | <input type="checkbox"/> STORE, MERCANTILE  |
| <input type="checkbox"/> DEMOLITION         | <input type="checkbox"/> HOTEL, MOTEL ___# UNITS       | <input type="checkbox"/> INDUSTRIAL       | <input type="checkbox"/> TANKS, TOWERS      |
| <input type="checkbox"/> FOUNDATION ONLY    | <input type="checkbox"/> ADDITION [ ] SIGN             | <input type="checkbox"/> PARKING GARAGE   | <input type="checkbox"/> PUBLIC UTILITY     |
| <input type="checkbox"/> MOBILE HOME SET-UP | <input type="checkbox"/> POOL [ ] FENCE                | <input type="checkbox"/> SERVICE STATION  | <input type="checkbox"/> HOSPITAL/INSTITUTE |
| <input type="checkbox"/> PRE-MANUFACTURE    | <input type="checkbox"/> ATTACHED/DETACHED GARAGE      | <input type="checkbox"/> OFFICE,BANK      | <input type="checkbox"/> SIGN               |
| <input type="checkbox"/> SPECIAL INSPECTION | <input type="checkbox"/> DECK [ ] POND                 | <input type="checkbox"/> PROFESSIONAL     |   |
| <input type="checkbox"/> RELOCATION         | <input type="checkbox"/> STORAGE SHED                  | <input type="checkbox"/> RETENTION AREA   |   |
| <input type="checkbox"/> ADDITION           | <input type="checkbox"/> POLE BUILDING                 |   |   |
| <input type="checkbox"/> REPAIR             | <input type="checkbox"/> OTHER _____                   | <input type="checkbox"/> OTHER _____      |   |

NON-RESIDENTIAL DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSION PLANT, MACHINE SHOP, LAUNDRY BUILDING , PARKING GARAGE FOR DEPARTMENT STORE. IF USE OS EXISTING BUILDING IS BEING CHANGED ENTER PROPOSED USE.

## CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAMING	NUMBER OF OFF-STREET PARKING	RESIDENTIAL BUILDINGS ONLY
<input type="checkbox"/> Masonry (wall bearing)	Enclosed _____	Number of Bedrooms _____
<input type="checkbox"/> Wood frame	Outdoors _____	Number of bathrooms _____
<input type="checkbox"/> Structural steel	Other: _____	Number of partial bathrooms _____
<input type="checkbox"/> Reinforced concrete		

DIMENSIONS  
No. of Stories \_\_\_\_\_ Total square feet of floor area \_\_\_\_\_ Total land area square feet/acres \_\_\_\_\_

## IDENTIFICATION OF APPLICANT

APPLICANT IS RESPONSIBLE FOR ALL FEES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

**OWNER OR LESSE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**BUILDERS LICENSE #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN, GENESEE COUNTY AND THE TOWNSHIP OF FLUSHING, ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SITE PLAN: USE BELOW SPACE OR ATTACH SITE PLAN**

LABEL STREETS

LABEL FRONT YARD LINE

LABEL SIDE YARD LINES

LABEL REAR YARD LINE


EXISTING BLDGS

DISTANCE BETWEEN BLDGS

DISTANCE TO YARD LINES

LABEL DIRECTION N/S/W/E

DISTANCED BETWEEN EXISTING AND PROPOSED STRUCTURES



**APPROVAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_