

**GREENWOOD TOWNSHIP  
ZONING COMPLIANCE REVIEW APPLICATION**

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Work# \_\_\_\_\_  
\_\_\_\_\_ Cellular # \_\_\_\_\_

Property Tax ID #74-22- \_\_\_\_\_ Acre(s) \_\_\_\_\_

Project Address \_\_\_\_\_  
Between \_\_\_\_\_ Road and \_\_\_\_\_ Road

Zoning District \_\_\_\_\_ Project Type \_\_\_\_\_

Proposed Use of Development \_\_\_\_\_

**SETBACKS: (MANDATORY INFORMATION)**

FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_

**POND DIMENSIONS** \_\_\_\_\_  
(If applicable)

**Applicant must include** two copies of a detailed plot plan showing all existing structures, location of any existing drains, slopes, wells/septic systems, planned or existing. Show all easements, e.g. Gas wells, pipelines, Edison corridors, creeks, streams, etc. Indicate in feet, distances of the new construction from the lot lines and any existing structures or other land improvements on the parcel.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_



Date Reviewed \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Jim Golembiewski, Greenwood Township Zoning Administrator (810) 531-1286

TAX ID NO.

PERMIT NO.

AUTHORITY: P.A. 230 OF 1972, AS AMENDED COMPLETION: MANDATORY TO OBTAIN PERMIT PENALTY: PERMIT WILL NOT BE ISSUED	THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.
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APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
 NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED  
 FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		LOT SIZE
				DIMENSIONS ACRE(S) X
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
1. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> RELOCATION
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PREMANUFACTURE	10. <input type="checkbox"/> SPECIAL INSPECTION
B. REVIEW(S) TO BE PERFORMED				
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FOUNDATION

**A. RESIDENTIAL**

- 1.  ONE FAMILY
- 2.  TWO OR MORE FAMILY  
NO. OF UNITS \_\_\_\_\_
- 3.  HOTEL, MOTEL  
NO. OF UNITS \_\_\_\_\_
- 4.  ATTACHED GARAGE
- 5.  DETACHED GARAGE
- 6.  OTHER

**B. NON-RESIDENTIAL**

- 7.  AMUSEMENT
- 8.  CHURCH, RELIGION
- 9.  INDUSTRIAL
- 10.  PARKING GARAGE
- 11.  SERVICE STATION
- 12.  HOSPITAL, INSTITUTIONAL
- 13.  OFFICE, BANK, PROFESSIONAL
- 14.  PUBLIC UTILITY
- 15.  SCHOOL, LIBRARY, EDUCATIONAL
- 16.  STORE, MERCANTILE
- 17.  TANKS, TOWERS
- 18.  OTHER

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

**II. SELECTED CHARACTERISTICS OF BUILDING**

**A. PRINCIPAL TYPE OF FRAME**

- 1.  MASONRY, WALL BEARING
- 2.  WOOD FRAME
- 3.  STRUCTURAL STEEL
- 4.  REINFORCED CONCRETE
- 5.  OTHER

**B. PRINCIPAL TYPE OF HEATING FUEL**

- 6.  GAS
- 7.  OIL
- 8.  ELECTRICITY
- 9.  COAL
- 10.  OTHER

**C. TYPE OF SEWAGE DISPOSAL**

- 11.  PUBLIC OR PRIVATE COMPANY
- 12.  SEPTIC SYSTEM

**D. TYPE OF WATER SUPPLY**

- 13.  PUBLIC OR PRIVATE COMPANY
- 14.  PRIVATE WELL OR CISTERN

**E. TYPE OF MECHANICAL**

- 15. WILL THERE BE AIR CONDITIONING?  YES  NO
- 16. WILL THERE BE FIRE SUPPRESSION?  YES  NO

**F. DIMENSIONS/ DATA**

17. NUMBER OF STORIES _____	21. FLOOR AREA:	EXISTING	ALTERATIONS	NEW
18. USE GROUP _____	BASEMENT/CRAWL	_____	_____	_____
19. CONST. TYPE _____	1 <sup>ST</sup> FLOOR	_____	_____	_____
20. NO. OF OCCUPANTS _____	2 <sup>ND</sup> FLOOR	_____	_____	_____
COST OF CONSTRUCTION \$ _____	3 <sup>RD</sup> - 10 <sup>TH</sup> FLOOR	_____	_____	_____
	TOTAL AREA	_____	_____	_____

**G. NUMBER OF OFF STREET PARKING SPACES**

- 22. ENCLOSED \_\_\_\_\_
- 23. OUTDOORS \_\_\_\_\_

**VI. APPLICANT INFORMATION**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL ID. NUMBER			

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. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 325.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

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

PLAN REVIEW FEE ENCLOSED \$ \_\_\_\_\_ BUILDING PERMIT FEE ENCLOSED \$ \_\_\_\_\_

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE SUPPRESSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - CULVERT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VIII. VALIDATION - FOR DEPARTMENT USE ONLY**

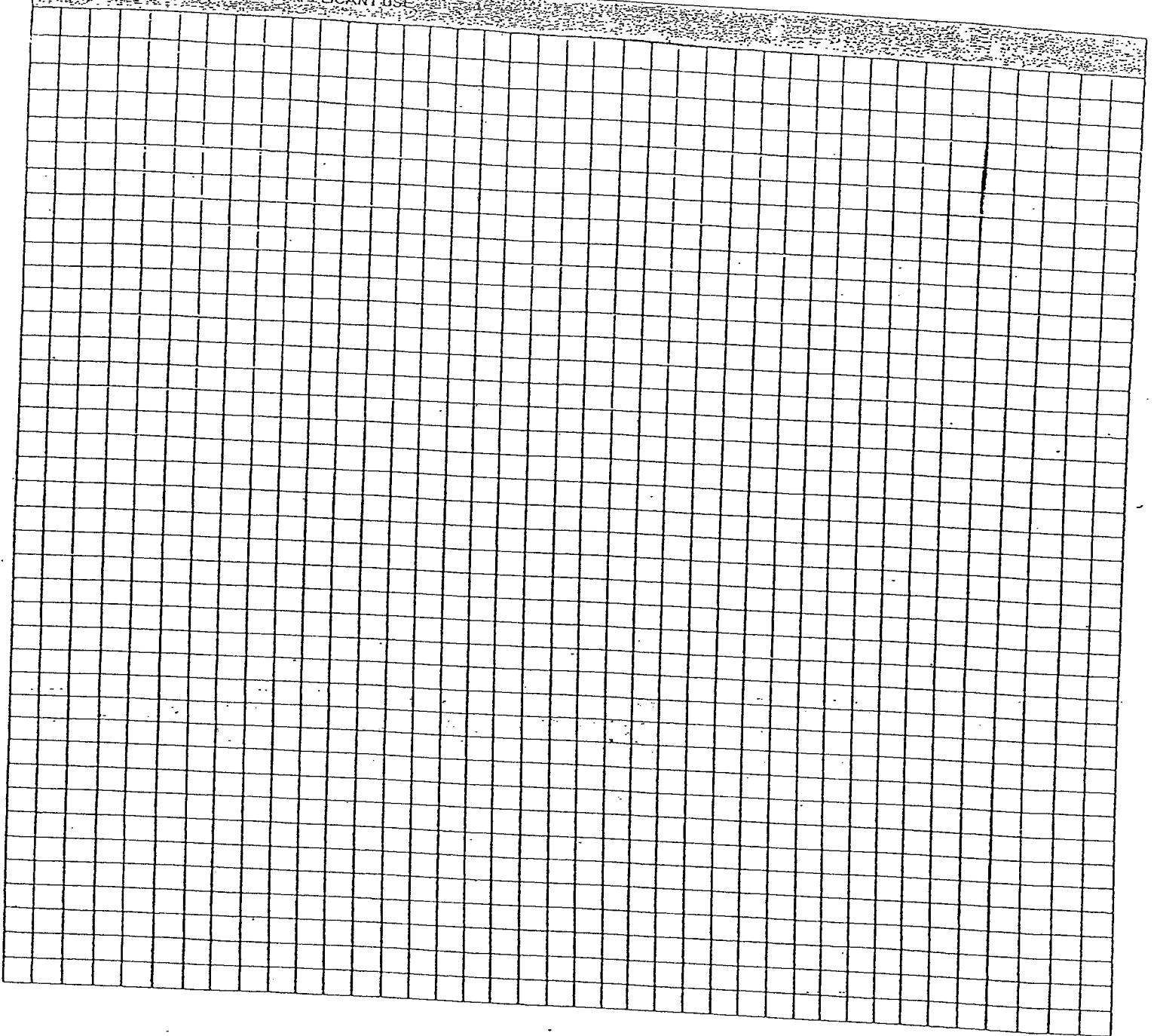
USE GROUP \_\_\_\_\_ BASE FEE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ NUMBER OF INSPECTIONS \_\_\_\_\_

SQUARE FEET \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_



GREENWOOD TOWNSHIP  
9025 YALE RD  
GREENWOOD ,MI. 48006  
PHONE 810-387-4044 FAX 810-387-4999

**BUILDING PERMIT CHECK LIST**

DATE: \_\_\_\_\_ INITIALS

BUILDING PERMIT APPLICATION ..... \_\_\_\_\_

ADDRESS APPLICATION..... \_\_\_\_\_

SOIL EROSION PERMIT ( IF APPLICABLE ) (810) 364-5720 EXT.215..... \_\_\_\_\_

COUNTY DRIVEWAY PERMIT ( 810 ) 364-5720..... \_\_\_\_\_

TWO SETS OF FOLDED PRINTS..... \_\_\_\_\_

TRUSS DRAWINGS OR ENGINEERED FLOOR SYSTEMS DUE AT TIME OF APPLICATION  
..... \_\_\_\_\_

ENERGY CALCULATION WORKSHEET ( NEW CONSTRUCTION ONLY )..... \_\_\_\_\_

COPY OF YOUR BUILDERS LICENSE AND REREGISTRATION..... \_\_\_\_\_

PROOF OF OWNERSHIP OF THE CURRENT CODE BOOK..... \_\_\_\_\_

PROOF OF WORKERS COMP AND LIABILITY INSURANCE..... \_\_\_\_\_

HOME OWNERS AFFIDAVIT ( IF APPLICABLE )..... \_\_\_\_\_

COPY OF SEPTIC PERMIT FROM HEALTH DEPARTMENT..... \_\_\_\_\_

COPY OF WELL APPLICATION AND APPROVAL..... \_\_\_\_\_

TWO PLOT PLANS WITH GRADE ELEVATIONS AND SETBACKS FROM A REGISTERED SURVEYOR OR  
LICENSED ENGINEERED ..... \_\_\_\_\_

NEW STRUCTURES TO BE SHOWN ON THE PLOT PLAN ..... \_\_\_\_\_

ALL NEW HOME BUILT IN A FLOOD PLANE WILL NEED AN ELEVATION CERTIFICATE BEFORE A  
CERTIFICATE OF OCCUPANCY IS ISSUED