

CHARTER TOWNSHIP OF CLAYTON
ZONING PERMIT No. _____

NAME: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____
 Job Location: _____ Parcel/Lot Size: _____ FT X _____ FT

PERMIT TO:	<input type="checkbox"/> CONSTRUCT NEW	<input type="checkbox"/> ALTER	<input type="checkbox"/> REMODEL	<input type="checkbox"/> ADDITION
	<input type="checkbox"/> SINGLE FAMILY		<input type="checkbox"/> SFR WITH ATTACHED GARAGE	
	<input type="checkbox"/> ACCESSORY BUILDING Type: _____		<input type="checkbox"/> OTHER (ie fence, pool, etc) _____	

FOR SFR CONSTRUCTION:	Total Building Width _____	Total Building Length _____
	Building Height _____ (as measured from peak to highest finished elevation)	Proposed Roof Pitch _____
First Floor Square Foot	Second Floor Square Foot	Garage Square Foot

FOR ACCESSORY STRUCTURE/OTHER:	Total number of buildings existing on property _____	Height of House _____
	Building Width _____	Building Length _____
	Building Height _____ (as measured from peak to highest finished elevation)	Proposed Roof Pitch _____

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | DOES THIS PROPERTY HAVE FRONTAGE ON TWO ROADS? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS THIS PROPERTY VACANT |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS THERE AN EASEMENT ON THIS PROPERTY (ie driveway, utility, etc) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS THIS PROPERTY LOCATED IN A FLOODPLAIN |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS THE CONSTRUCTION LOCATED WITHIN 500ft OF A LAKE, STREAM, DRAIN, OR OTHER NATURAL BODY OF WATER? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | WILL THE CONSTRUCTION REQUIRE DISTURBING SURFACE AREA OF AN ACRE OR MORE OF LAND? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF CONSTRUCTION FOR AN ACCESSORY BUILDING (ie POLE BLDG), WILL IT CONTAIN ANIMALS? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS THERE A WELL(S), SEPTIC(S), UNDERGROUND STORAGE, CONTAMINATED AREA(S), OTHER? |
| | | Please list: _____ |
| | | _____ |

NOTE: IT IS YOUR RESPONSIBILITY TO BE AWARE OF ANY DEED RESTRICTIONS, SUBDIVISION REGULATIONS, CONDOMINIUM REGULATIONS AND/OR WETLAND REGULATIONS.

I have read, acknowledge, understand, and will comply with the above land use regulations.

 APPLICANT SIGNATURE

 DATE

 DRIVERS LICENSE NO:

 DATE OF BIRTH

LAND USE RESTRICTIONS

Property Tax I.D. No: 04- _____

Current Zoning District: _____

PROPERTY ADDRESS: _____

SETBACKS (taken as actual measurements from plot plan):

FRONT: _____
(measured from road right-of-way)

REAR YARD: _____

LEFT SIDE OF YARD: _____
(measured from lot line)

RIGHT SIDE OF YARD: _____

PERCENT OF TOTAL LOT COVERAGE: _____

BUILDING HEIGHT: _____

TOTAL BUILDING AREA: _____

FLOOD PLAIN MAP VERIFIED: _____

COMMENTS: _____

PERMIT APPROVED

PERMIT DENIED

REASON FOR DENIAL: _____

REFERRED TO:

PLANNING COMMISSION

ZONING BOARD OF APPEALS

OTHER _____

ZONING ADMINISTRATOR SIGNATURE

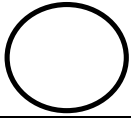
DATE

CHARTER TOWNSHIP OF CLAYTON PLOT PLAN REQUIREMENTS

Each plot plan must include all of the following information:

1. **Public road and north point**—indicate where the public road is located and label, indicate with letter N which way north is located.
2. **Size of lot**—width and depth measurements
3. **Front Yard Setback**—distance, in feet, from the road right-of-way to the proposed structure.
4. **Right (when facing building) Yard Setback**—distance, in feet, from the right side yard property line to the proposed structure.
5. **Left (when facing building) Yard Setback**—distance, in feet, from the left side yard property line to the proposed structure.
6. **Rear Yard Setback**—distance, in feet, from the rear yard property line to the proposed structure.
7. **Separation between buildings**—distance, in feet, between any existing structures and proposed structure. Label each structure as to use, such as house, garage, shed, pool, etc.
8. **Building Sizes**—indicate the dimensions of all structures, existing and proposed.
9. **Well & Septic Locations**—(if applicable) identify well location and label, identify entire septic field location and label.

For your convenience we have attached a sample plot plan to help you in the drawing of your plan.



REQUIRED PLOT PLAN

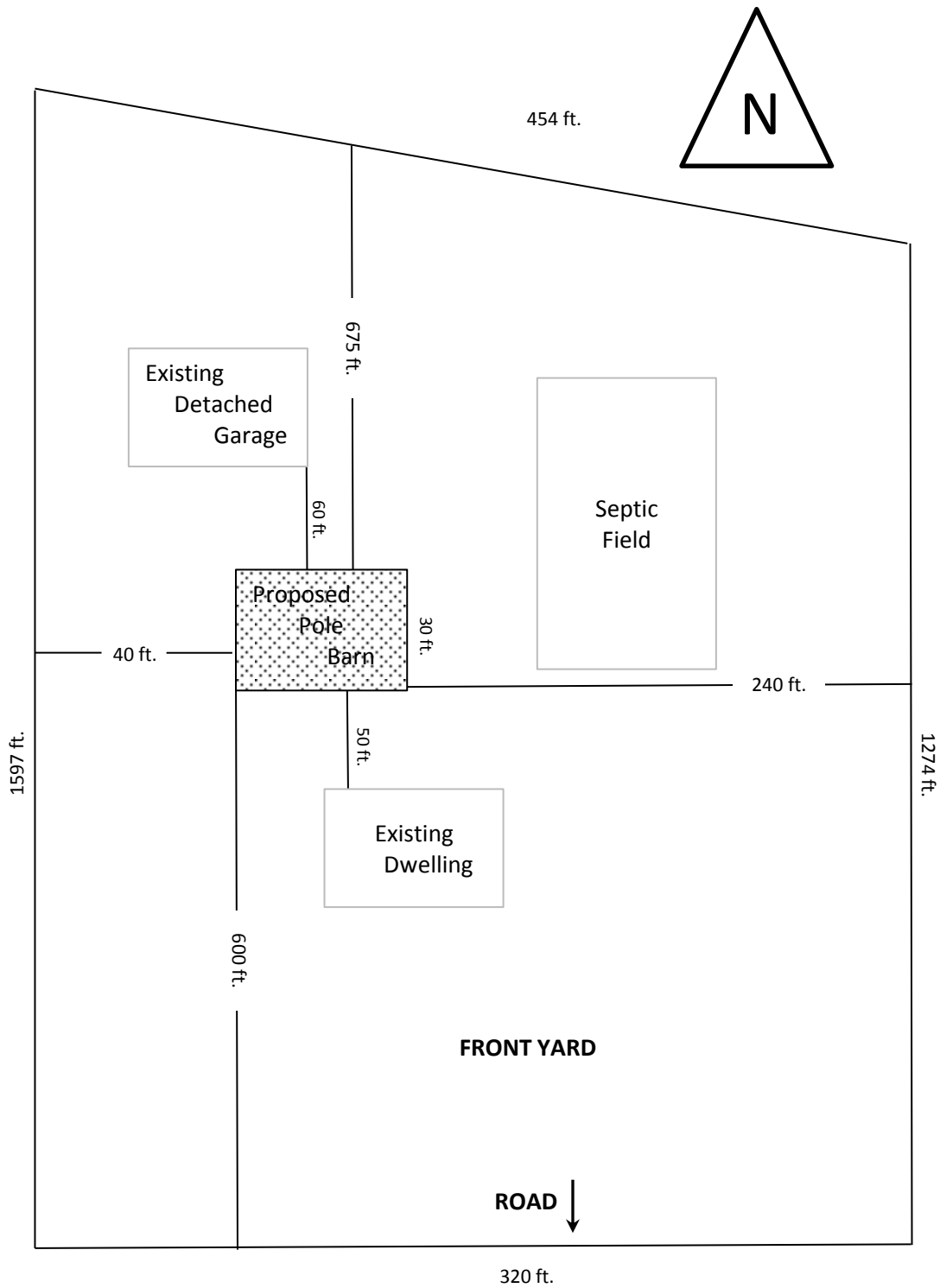
(Please refer to the attached "SAMPLE" plan)

INDICATE DIRECTION OF NORTH WITHIN THE CIRCLE

Show all dimensions and distances from all lot lines, existing dwellings, accessory building(s), pool, well, septic field, ect., including any easement or right of ways.

Locate all overhead power lines within 36 feet of proposed construction

SAMPLE SITE PLAN - FOR REFERENCE ONLY



Contractor Registration Form

CHARTER TOWNSHIP OF CLAYTON Building Department
2011 South Morrish Road
Swartz Creek, MI 48473

Phone: (810) 635-4433 Fax: (810) 635-4526

Prior to any permits being issued, this information sheet, \$15 fee, copy of the responsible party's drivers license and a copy of your license(s) issued from the state will **have** to be on file.

Date: _____ (Expires in one year) _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Cell phone or pager number: _____

Email Address: _____

License holder or responsible party (this information is mandatory)

Name: _____

Driver's License Number: _____ DOB: _____

Contractor License Number: _____ Expiration Date: _____

Master License Number: _____ Expiration Date: _____

Federal ID Number or Social Security Number: _____

MESC Number: _____

Worker's Compensation Policy Number: _____

Worker's Compensation Company Name: _____

Worker's Compensation Agency Name: _____

Date Paid: _____ Amount: _____ Entered: _____

Effective February 1, 2003: All contractors performing work in Clayton Charter Township will be required to register/renew on a yearly basis. The due date for the submission of the form will be one year from the original registration date. If any information submitted changes during the course of the year, the contractor **MUST** update the information in writing 10 calendar days of this change.

**SOIL EROSION
PERMITS/WAIVERS
ARE REQUIRED
FOR ALL PROJECTS**

**PLEASE CONTACT GENESEE COUNTY
WATER & WASTE SERVICES
for further information**

(810)732-7870