

ESTABLISHED 1835



# Zoning Permit Application

18027 Old US 12 • Chelsea, MI 48118  
 (734)475-8890 • FAX (734)475-8905  
 www.sylvantownshipmi.gov

Staff Use Only	Property Address:	
Fee:	Zoning Permit Number:	Application Date:

**1. Record Owner(s):**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2. Authorized Agent(s):**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**3. Property Address** \_\_\_\_\_

**4. Zoning District** \_\_\_\_\_ **5. Tax Identification Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**6. Please check if the project required review by the following:**

\_\_\_\_\_ **Planning Commission**

\_\_\_\_\_ **Zoning Board of Appeals**

**7. Project Description:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Proposed Use :** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**9. Expiration and Revocation :**

A certificate of zoning compliance expires six (6) months after the date of issuance unless a building permit has been issued. If work authorized by the building permit is suspended or abandoned by the end of six (6) months after the date of issuance of the building permit, the Zoning Inspector shall notify the applicant that said certificate has expired. Said certificate may be reinstated upon showing of good cause for suspension or abandonment of the work. The Zoning Inspector may, for reasonable cause, grant (1) or more extensions of time for additional periods not exceeding ninety (90) days each.

**Sylvan Township, Washtenaw County, Michigan  
Zoning Permit Application Form**

**ZP - \_\_\_\_\_**

The Zoning Inspector may revoke a certificate of zoning compliance in case of any false statements or misrepresentation of fact in the application or the plans on which the certificate was based.

**10. Items Required: (Please check items submitted. Put N/A if the items are not needed)**

- \_\_\_\_\_ A. Zoning Compliance Certificate for the zoning district in which the subject property is located.
- \_\_\_\_\_ B. Site Plan (3 Copies)
  - Address of the property, scale, date, and north point.
  - Location, shape and dimensions of the lot.
  - Outline and dimensions of all existing and proposed structures, wells, septic tanks and drain fields.
  - Setbacks of all existing and proposed structures to all property lines.
  - A clear description of existing and intended uses of all structures.
  - Lot size and square footage calculations of the existing and proposed buildings.
  - Additional information as required by the zoning inspector for purposes of determining compliance with this chapter.
- \_\_\_\_\_ C. All Building Permit Plans (3 Copies)
- \_\_\_\_\_ D. Properties within the LR district require a staked survey. The survey shall be signed and sealed by a land surveyor registered in the state. Properties within the LR district will also require a certificate of footing be submitted to the Zoning Inspector within ten days of the installation of footings or other sub-grade or at-grade improvement.
- \_\_\_\_\_ E. Additional Information including but not limited to (if necessary)
  - Driveway Permit
  - Sewage Permit
  - Well Permit
  - Other information necessary to determine compliance with the zoning regulations.

**11. Certification and Signature of Applicant and/or Owner:** *I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any variance grants only that which was represented to the Zoning Board of Appeals at the Public Hearing. No other plans may be substituted that increase the size, dimensions, lot area coverage, yard setbacks, or ZBA imposed conditions without a rehearing.*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Owner/Date

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

**12. Zoning Approval:** *The accuracy of the lot lines, dimensions and other information presented in the project plans are the sole responsibility of the property owner and in NO way does the Zoning Inspector signature on this permit guarantee the accuracy of the information provided by the applicant for this permit. A site inspection can be required by Sylvan Township; however, a site inspection also does not guarantee the location of the property boundaries. If the information provided is in the future found to be incorrect the zoning approval is null and void.*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Planning and Zoning Administrator /Date