

**Howard Charter Township – Cass County, Michigan
Zoning Compliance Application**

Indicate Which One You Are Applying For

(Application must be complete, signed, and include fee before submission – please print)

_____ New House _____ Addition _____ Fence _____ Accessory Bldg. _____ Home Occupation _____ Adult Foster Care
_____ Hardship (fire & natural causes) Trailer _____ Other, please describe _____

Applicant is a farmer and accessory building is being used just for farming equipment, supplies, etc.

Please indicate: yes _____ no _____

Non-refundable application fee of \$30.00 and building blueprints are to be included with the application

Pages 1 & 2 of the Zoning Compliance Application must be complete

Home Occupation & Adult Foster Care Applicants must also complete respective supplement pages

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Property Site Address _____
(if a new address is needed, please state that above)

Property Parcel Number 14-020-_____

Property Owner(s) as Listed on Tax Statement _____

Property Owner(s) Phone and/or Cell Number _____

Zoning District (circle one): AR (Agricultural Residential) R1 (Low Density Residential) R3 (Manufacture Housing Park)
 R4 (Lake Residential) C1 (Mixed Use) C2 (General Commercial) M (Manufacturing) L1 (Light Industrial)

I hereby certify the information given is correct to the best of my knowledge and agree to abide with the Howard Charter Township Building Codes and other applicable Ordinances of Howard Charter Township.

Signature (s) _____

Print Signature(s) _____ Date _____

If signature is an agent for the owner, provide agent phone number _____
(may **not** have an agent if application is for home occupation or adult foster care)

Note: You will be contacted with your approval or denial. Upon approval you may contact the Building Official (business hours: Wednesdays, 9:00 am – Noon) to obtain a building permit. Upon approval of a home occupation or adult foster care facility a copy of the approval will be sent to you.

Office Use Only

Amount paid _____ by: cash _____ check # _____ Date _____ Staff Initials _____

Zoning Administrator use: Approved _____ Denied _____

Building Permit Required: _____ yes _____ no explanation if no: _____

ZA Signature _____ Date _____

ZA Printed Name _____

Comments (if any): _____

