

**HUDSON TOWNSHIP ZONING PERMIT APPLICATION  
CHARLEVOIX COUNTY, MICHIGAN**

Case Number _____	Application Fee _____
Permit Number _____	Date Received _____
Expiration Date _____	Action Taken _____

*No application will be accepted and no permit will be issued until all applicable fees are received.*

**TYPE OR PRINT CLEARLY**

1. Name of Fee Owner(s) \_\_\_\_\_
2. Name of Duly Authorized Legal Agent, if applicable \_\_\_\_\_
3. Owner's Mailing Address \_\_\_\_\_
4. Owner's Phone Number(s) \_\_\_\_\_
5. Property Address (if different from above) \_\_\_\_\_
6. Agent's Mailing Address \_\_\_\_\_
7. Agent's Phone Number(s) \_\_\_\_\_
8. Legal Description of Property for which a Zoning Permit is being requested:  
(Attach separate sheet if necessary)

9. Tax Description Code Number \_\_\_\_\_
10. Zoning District Classification in which Property is located \_\_\_\_\_
11. This Area is:     Unplatted  
                           Platted  
                                    Name of Plat \_\_\_\_\_  
                           To be Platted  
                                    Name of Plat \_\_\_\_\_      Date Submitted \_\_\_\_\_

12. Are there any dedicated right-of-ways or easements which abut or traverse part or all of the subject property? \_\_\_\_\_  
    If yes, illustrate location on sketch plan

(continued on other side)

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13. Indicate the following items on the attached sketch plan:

- a) Existing or intended use of structure
- b) Lot lines with dimensions of the lots, and distance from the lot lines to the structure
- c) Evidence that all required licenses or permits have been acquired or that applications have been filed for same
- d) Other information with respect to proposed structure, use, lot and adjoining property as may be required by the Zoning Administrator

14. What are the exterior dimensions of this building? \_\_\_\_\_

15. What is the height of this building? \_\_\_\_\_

Type of Use

- Single Family Residence
- Two Family Residence (Duplex)
- Multiple Family (# of Units \_\_\_\_\_)
- Mobile Home - Year Manufactured \_\_\_\_\_
- Addition - Type \_\_\_\_\_
- Accessory Building - Type \_\_\_\_\_
- Recreational Vehicles (Expires in 90 Days)
- Industrial/Commercial - Type \_\_\_\_\_
- Other \_\_\_\_\_

I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein and submitted with this application are true. If any statements and/or information are found later to be false, this permit shall become null and void.

\_\_\_\_\_  
Owner's or duly authorized legal agent's signature

County of \_\_\_\_\_, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

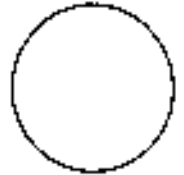
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

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SKETCH PLAN

Include:

- Lot dimensions
- Location and name of road or street
- Locate structure and show distances from structure to lot lines



North Arrow