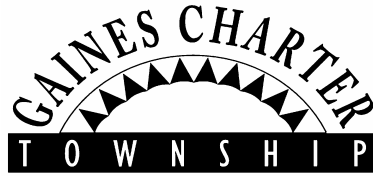


FILE NO.

Gaines Charter Township
8555 Kalamazoo Avenue SE
Caledonia, MI 49316
Phone (616)6986640 Fax (616)698-2490



Application for Zoning Approval

Project Address		
Owner Name		
Owner Address		
Parcel Number(s):	41-22-	41-22-
Description of Proposed Project/Use		

Applicant/Contact	
Phone/Email	
"I" hereby certify to the correctness and knowledge of the information submitted and hereby agree to comply with the terms and requirements of all applicable Township ordinances. I also grant Township staff permission to enter onto the subject property in review of this application	
Signature	
For Planning Commission/Zoning Board of Appeals requests, and Land Divisions/Combinations, please complete the appropriate Worksheet as part of your application packet – See staff for more information	

Township Use Only

Current Zoning District: RL-14 RL-10 R-3 R-4 C-1 C-2 O-S I-1 I-2 PUD A-R A-B

<input type="checkbox"/> One/Two-Family Construction	<input type="checkbox"/> Rezoning/PUD Rezoning	<input type="checkbox"/> Land Division
<input type="checkbox"/> Special Use Permit Request	<input type="checkbox"/> PUD Amendment	<input type="checkbox"/> Text Amendment
<input type="checkbox"/> Zoning Board of Appeals Request	<input type="checkbox"/> Site Plan Review	
<input type="checkbox"/> Subdivision/Site Condo Review	Other _____	

DENIED _____	APPROVED _____	APPROVED, WITH CONDITIONS _____	WITHDRAWN _____
_____ ZONING ADMINISTRATOR SIGNATURE		_____ DATE	

FILE NO.

Site Plan

Please Show:

The property lines and their dimensions

The location, dimensions, setbacks, minimum building openings and distance between all existing and proposed structures

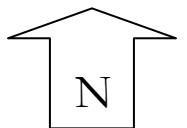
The gross floor area, listed by floor level, including basements.

The location of all roads bordering or private drives/easements on the property

The location of all bodies of water, easements, utility lines, sidewalks, drives, septic systems, drain, and other improvements

Please Note: Setbacks must be measured from the edge of the street right of way (which is not the edge of the pavement) or from the edge of an access easement. Staff reserves the right to determine whether or not an application is complete.

Place site plan in this area(*failure to do this may result in an incomplete application*)



Gross Floor Area Calculations

Main Floor: _____ Second Floor: _____ Basement: _____ Total: _____ Garage: _____

Land Division/Combination Applicant Worksheet

FILE NO. _____

The following information is required as part of the application to split or combine property.

- Certified survey(s) with legal descriptions showing the following:
 - The dimension and legal descriptions of the existing parcel(s), new parcel(s), and any easements
 - The location of all existing and proposed structures
 - The accessibility of the parcels for vehicular traffic and utilities from existing public roads
- \$50.00 fee per new parcel created.

Please note that the deeds for the new parcels must be recorded within 120 days or the land division will be null and void. Also be advised that copies of these deeds must be submitted to the Township or the land division will be null and void.

SIGNATURE OF ALL OWNERS (proof of ownership required)

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

Please be aware that if the parcels involved in the land division/combination are of a different property class, there may be a delay in the creation of taxable parcels by the county. Please see the Assessing Department with any questions regarding this.

Township Use Only

Parcels Involved

1. _____
2. _____
3. _____
4. _____

Split history from www.accesskent.com

Current Splits Allowed _____

Potential Bonus Splits _____

Number Being Used _____

Number Being Transferred _____

Number Left for Remainder _____

To Parcel A _____ Parcel B _____ Parcel C _____