
CHARTER TOWNSHIP OF FILER DEMOLITION APPLICATION

Please return completed application to:

Charter Township of Filer
2505 Filer City Rd.
Manistee, MI 49660
Phone: (231) 723-3138
Fax: (231) 723-3191

Note: If applicant is not the owner, attach a copy of contract, option, purchase agreement, lease or other documentation, signed by the owner, showing applicant's authority to file this application.

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| <p>COPIES</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Supervisor <input type="checkbox"/> Applicant</p> <p><input type="checkbox"/> Parcel File <input type="checkbox"/> Assessor</p> |
|--|

Inspection Completed

TOWNSHIP ADMINISTRATOR
PHONE

PERMIT EXPIRES

DATE

CHARTER TOWNSHIP OF FILER DEMOLITION APPLICATION

Date Received _____ Tentative Demolition Date _____ Fee: N/A

PART 1 (To be completely filled out by applicant)

PROPERTY OWNER'S NAME AND ADDRESS

PHONE: HOME _____
WORK _____

APPLICANT'S NAME AND ADDRESS (If not property owner)

PHONE: HOME _____
WORK _____

APPLICANT'S CAPACITY (If not property owner) Please circle one

BUILDER HAVE OPTION TO PURCHASE AGENT/OTHER _____

PROPOSED CONSTRUCTION SITE ADDRESS _____ SECTION _____

PARCEL SIZE _____

PROPERTY TAX NUMBER #51-06- _____

PROPERTY DESCRIPTION _____

SIZE OF BUILDING, STRUCTURE, ADDITION _____

HEIGHT OF BUILDING, STRUCTURE, ADDITION (in feet) _____

PROPOSED USE OF BUILDING OR STRUCTURE- PLEASE CHECK ALL THAT APPLY:

RESIDENTIAL COMMERCIAL AGRICULTURAL NEW ADDITION ACCESSORY

ALTERATION (NO INCREASE OF SQUARE FOOTAGE)

PURPOSE OF STRUCTURE _____

AFFIDAVIT: I agree that the statements made above are true, and if found not to be true, this zoning permit may be revoked. Further, I agree this permit is issued with the understanding the conditions and regulations given in Part 2 below, and any other applicable section of the Charter Township of Filer Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for inspection purposes before the start of construction when locations of proposed uses are marked on the ground. I consent to inspection of my property by the Zoning Administrator and other necessary Township officials, the County and the State of Michigan, during the application process, before and during construction, and after construction when inspections are determined necessary for purposes of ensuring compliance with all provisions of Township, County and State ordinance and law. Further, I understand this is a zoning permit which conveys only land use rights, and does not include any representation or conveyance in any other statute, building code, deed restriction, or any other property rights.

SIGNED _____ DATE _____

PART 2 (To be filled out by Zoning Administrator)

ZONING CLASSIFICATION OF PROPOSED CONSTRUCTION SITE _____

MINIMUM LAND AREA REQUIREMENTS _____

MINIMUM SETBACKS _____ IS REQUIRED SITE PLAN PROVIDED: YES / NO

FRONT YARD _____ SIDE YARDS _____

REAR YARD _____ WATER EDGE _____

SUBDIVISION _____ BLOCK _____ LOT _____

OTHER ZONING REQUIREMENTS OR COMMENTS _____

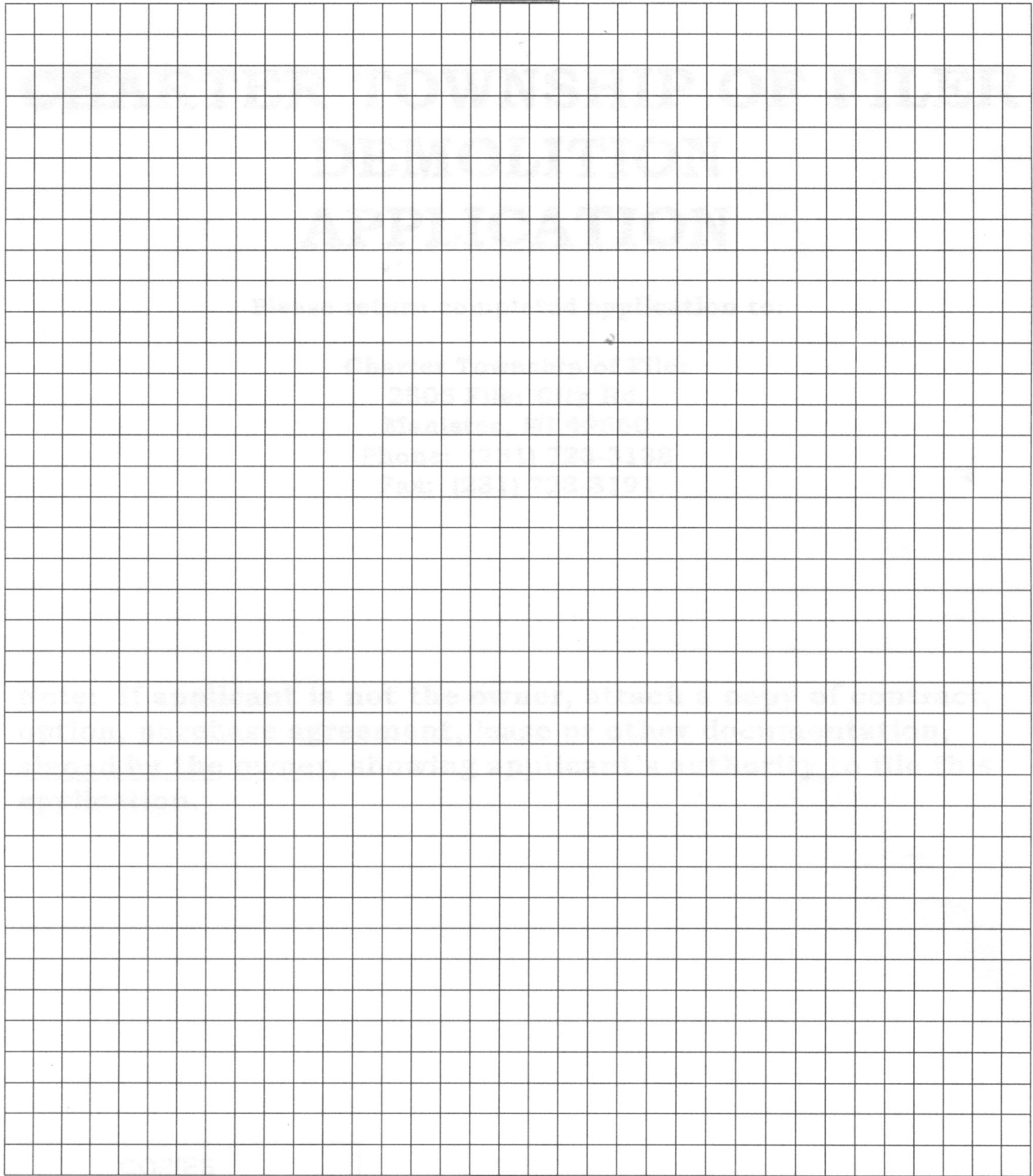
ZONING APPROVED _____ ZONING NOT APPROVED _____ REASON FOR DENIAL (see attached)

ZONING ADMINISTRATOR _____ DATE _____

PHONE _____ PERMIT EXPIRES _____

SITE OR PLOT PLAN - MUST BE COMPLETED BY APPLICANT

NORTH



SOUTH

IMPORTANT: DIAGRAM MUST INCLUDE

1. ALL ROAD FRONTAGE (PRIVATE ROADS MUST CONFORM TO THE ZONING ORDINANCE AND MUST BE CONSTRUCTED BEFORE PERMIT CAN BE ISSUED)
2. ACCURATE FOOTAGE OF PROPERTY DIMENSIONS (MAY ATTACH SURVEY)
3. BUILDING DIMENSIONS (COMPLETE AND ACCURATE FOOTAGE)
4. BUILDING SET BACK FROM ALL PROPERTY LINES IN EXACT FEET (SET BACK SPECIFICATION INCLUDES OVERHANGING EAVES)
5. ACCURATE PLACEMENT & DIMENSIONS OF ALL EXISTING BUILDINGS ON PROPERTY (SEE SAMPLE ON BACK PAGE)

INSPECTION DATE: _____