

Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE TRAVERSE CITY, MICHIGAN 49684 PH: (231) 941-1620 • FAX: (231) 941-1588

www.garfield-twp.com

LAND USE PERMIT APPLICATION

Owner					Applicant	t	
Address					Address 2	2	
City, State, Zip Code				City, State, Zip Code 2			
Phone Number	er				Phone Nu	mber 2	
Email				Email 2			
An applicant value of birth				t for the o	wner of the pro	operty listed above shall prov	ide
Date of Birth					Drivers Li	cense#	
Property In	formatio	n					
Property Ado	dress: _						
Property Add	dress: _ 28-05						
Property Add Parcel ID #:	dress: _ 28-05 Name: _						
Property Add Parcel ID #:	dress: _ 28-05 Name: _ e:			Cui	rent Use: _	Lot#:	
Property Add Parcel ID #: Subdivision Proposed Us	dress: _ 28-05 Name: _ e:			Cui	rent Use: _	Lot#:	
Property Add Parcel ID #: Subdivision Proposed Us Setbacks: Request	dress: _ 28-05 Name: _ e:	_LS _	RS	Cui	rent Use: _ Bldg l	Lot#:	
Property Add Parcel ID #: Subdivision Proposed Us Setbacks: Request Single Family	dress: _ 28-05 Name: _ e: F y Home: _	_LS _	RS	Cur R Mul	rent Use: _ Bldg l ti-Family:	Lot#: Height:	

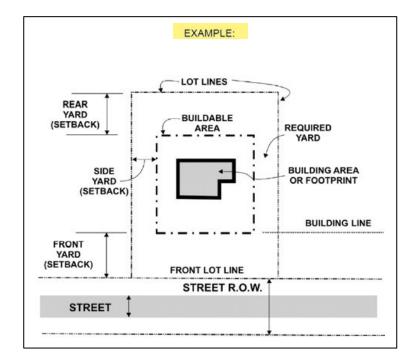
4) Permits:

The following agency permits are required (if applicable) prior to the issuance of a Land Use Permit and at the time of submittal of the application:

- Soil Erosion Permit
- Health Department (well/septic) or DPW Permit (water/sewer)
- Driveway Permit (Road Commission or M-DOT)
- MDEQ & Great Lakes Energy Permits
- METRO Fire Site Plan Review

5) Dimensional Site Plan:

Please provide a detailed sketch is required, which includes all structures on the property, proposed structures with dimensions, parcel dimensions, setbacks, Road Right of Way, and height. See example below.



6) Affidavit:

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, involved in the application and all of the information submitted in this application, including any supplemental information, is in all respects true and correct. The undersigned further acknowledges that willful misrepresentation of information will terminate this permit application, and any permit associated with this document.

Owner Signature	Print Name	Date	
Applicant Signature	Print Name	Date	

:: Office Use ::	Date Stamp
Approved By:	