

APPLICATION FORM
APPLICATION FOR ZONING PERMIT

Please print or type (if additional space is needed, attach sheets as necessary.)

Applicant(s) Information

Name: _____

Address: _____

Telephone: _____

Interest in the Subject Property: _____

Owner Information

(If different from applicant, include information below and attach or refer to document indicating Applicant's ability to construct improvements on the Subject Property)

Name: _____

Address: _____

Telephone: _____

Interest in the Subject Property: _____

Address of Subject Property: _____

Parcel Identification Number of Subject Property: _____

Applicant(s) desire to: (cost is \$50 per selection)

- Change the use of a building or parcel
- Remove, replace, or repair more than fifty (50) percent of a structure
- Permit a temporary cargo/storage/shipping container
- Permit a portable storage container
- Permit a temporary outdoor use
- Demolish a structure
- All buildings 144 sf or less
- Fence Permit
- Pool Installation

Proposed Permitted or Special Use: _____

Legal description Subject Property (Write-in or attach): _____

Description of Subject Property: *(Please complete chart below)*

Zoning District		Side Setback	
Lot Size		Rear Setback	
Lot Width		Floor Area	
Building height		Lot Coverage	
Front Setback		Off Street Parking	

In addition to completing this application form, the Applicant must attach to the application:

_____ **Site Plan.** The application shall be accompanied by a site plan drawn to scale showing the name and address of the owner, north arrow, legal description, floodplain areas, existing and proposed streets and storm drainage facilities, existing and proposed buildings and structures, lot dimensions, new contour lines, existing and proposed curb cuts, access drives and off-street parking spaces; and landscaping.

_____ **Intended Use.** The application shall be accompanied by a statement by the applicant outlining the intended use and purpose for the proposed building, structure, or land in question.

_____ **Application Fee.** As set by the Township Board.

Applicant(s) Certification:

Applicant(s) acknowledge(s) that the information submitted is true and correct to the best of his or her knowledge. Applicant also acknowledges that standards outlined in the Hampton Charter Township Zoning Ordinance or other applicable legal authorities govern permit decisions. Therefore, Applicant acknowledges that Hampton Charter Township is not bound to recognize permit decisions made by a Township official, employee, or any individual not in compliance with applicable law.

Applicant Signature(s) _____ Date: _____
_____ Date: _____

THIS SECTION TO BE COMPLETED BY TOWNSHIP

Fee Received: \$ _____ Date: _____

Received by: _____

A ZONING PERMIT for the proposed use is:

Granted

Denied for the following reasons: _____

Incomplete Application: Applicant(s) initially submitted an incomplete application, indicate whether:

Township contacted Applicant(s) and received supplemental information necessary to grant a permit; OR

Township contacted Applicant(s) and did not receive information necessary to grant a permit. Application form was returned to Applicant and application was denied due to an incomplete application (explain in detail above.)

Zoning Administrator: _____
(Signature)

Zoning Administrator: _____
(Print)

Date: _____

Copy of Completed Application and, if issued, Permit goes to:

Applicant Zoning Administrator Township Clerk