ZONING APPLICATION/PERMIT – Reynolds Township

1200 S. Ensley Street, PO Box 69, Howard City, MI 49329
Phone: 231-937-6739 Fax: 231-937-9422

(NO CHARGE FOR THIS PERMIT) (www.reynoldstwp.org)

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Mailing Address:_____

Phone: (_____)_____ Fax: (_____)_____ Cell: (_____)_____ E-mail:_____

Name of Owner (if not applicant) _____

Phone: (_____)_____ Fax: (_____)_____ Cell: (_____)_____ E-mail:_____

PROPERTY IDENTIFICATION:

Site Address: _____

Current Zone District:

☐R-1 Rural-Agricultural ☐R-2 Low Density Residential ☐R-3 Medium Density Residential
☐R-4 Manuf. Home Park ☐C-1 General Commercial ☐C-2 Highway Commercial ☐I-Industrial

PROPOSED SETBACKS:

Front: _____ Left Side (from road right-of-way) :_____ Right Side (from road right-of-way) _____
Rear_____

Road frontage required: _____ Acreage required: _____ Water frontage on parcel? ☐Yes ☐ No (see attached)

TYPE OF REQUEST: ☐Erect ☐Enlarge ☐Move ☐Alter ☐Replace

Other (please specify _____

Type of Structure: ☐Dwelling ☐Garage ☐Accessory Building ☐Modular ☐ Stick Built ☐Other

Construction Cost $_____ Purpose of structure _____

Dimensions: Length:_____ Width:_____ Height: _____ Total Square Footage _____

Required Attachments:

☐1. Floor and foundation plans, site plan drawn to scale, showing the actual dimensions of the parcel to be built upon, all easements, the size of all existing buildings or other structures and their location on the parcel, and the size, shape and location on the parcel of all buildings or structures proposed to be erected or enlarged. Please note that setbacks are measured from the road right-of-way line or easement, and decks and overhangs may not encroach into required yards.

☐2. Either a certified copy of a survey or a copy of a tax map showing the actual property lines and easements.

☐3. Land division approval if required.

☐4. Any additional information requested by the Zoning Administrator relating to this application.

Applicant signature _____ Date_____

I the above signed being owner, builder, or contractor do guarantee that I will comply with all requirements of the Reynolds Township Zoning Ordinance and all its amendments. I also understand that any violation of this ordinance shall cause me to be subject to a fine up to $500 after issuance of a citation by Reynolds Township. This zoning permit expires 12 months from the date of issuance if construction has not begun. I also agree to allow inspection of the property by duly designated Reynolds Township and/or Montcalm County building inspectors and/or officials.

NOTE: Upon authorized signature of Zoning Administrator and assigned permit number this application will serve as a legal zoning permit.

FOR OFFICE USE ONLY

☐Approved _____ Date _____
Dave Kelsey, Zoning Administrator (989-289-2268) or e-mail mrdavekelsey@gmail.com

☐Disapproved Reason for Disapproval_____

Zoning Permit #_____

Revised 7/26/2024