ZONING AUTHORIZATION APPLICATION

Mailing Address: 2020 S. Clare Ave, Clare, MI 48617
Zoning Administrator: (616) 606-5176
Email: actont@dareco.net
Website: https://www.hattontownship.com/

PERMIT NUMBER:_____

☐ Garage ☐ Pole Barn ☐ Deck ☐ New Construction ☐ House ☐ Addition ☐ Alteration ☐ Shed
Other (explain): _____

Application Information

Owner (if different from applicant): Name:_____ Address:_____

Applicant: Name: _____ Address:_____
Phone:_____
Email: _____

Contractor Name & Phone Number:

Property/Proposed Building Information:
Address of Location: **Parcel ID Number: 18**_____Building/Addition Size: _____
Current Zoning District: _____ Parcel Size: _____
Building Height: _____ Outside Dimensions of Building: _____

FLOOD HAZARD AREA:
☐ NO
☐ YES
If yes, structure must conform to Section R324, Flood Resistant Construction, of the Michigan Residential Code, and Section 1612, Flood Loads, of the Michigan Building Code.

I hereby attest that the information on this application is, to the best of my knowledge, true and accurate and that I intend to comply fully with all Ordinances and regulations of Hatton Township of Clare County, Michigan, and of any other agencies and governmental units which may be involved.

Signature of Applicant: _____ **Date:** _____

Owner or Owner's Representative on behalf of Owner hereby authorizes Hatton Township to conduct site inspections of this property for zoning or taxing purposes.

Owner/Owner Representative Signature: _____ **Date:** _____

NOT VALID BELOW THIS LINE

Date Application Received: _____
Requested Permit: ☐ Granted
☐ Denied - Site Plan Review is Required ☐ Denied - Other: _____

By: _____
Date: _____

Permit is valid for 1 year from date of issue.