

APPLICATION FOR LAND USE PERMIT
COHOCTAH TOWNSHIP

RECEIVED
6.19.25
COHOCTAH TOWNSHIP

Land Use No. 33 2025
Fee 50 PD

DELIVER/MAIL TO: COHOCTAH TOWNSHIP 10518 ANTCLIFF RD FOWLerville MI 48836

OWNER CHERYL PEARSON DATE 6-19-25
ADDRESS 1017 Burns TAX CODE NO. 4702-26-400-027
CITY HOWELL ZIP 48843 PHONE 954-325-0344

Contractor (if applicable) _____ Address _____

City _____ Zip _____ Phone _____

Site Address 7272 OAK GROVE Nearest Crossroads OAK GROVE & SANFORD

Size of lot: Front 390.0' Rear 390.13' Side 460.78' Side 470.11' Acres 4.167

Zoning District SETTLEMENT 3.872 NET R/W

Type of construction:

*Check if structure is located in a flood plain _____

Principal Structure

☒ New Single Family _____ Addition ☒ Attached Garage _____ Other _____

Accessory Structure

☒ Detached Garage, Shed, or Pole Barn _____ Deck _____ Fence _____ Pool/Hot Tub _____ Sign _____ Other _____

Foundation: _____ Basement _____ Crawlspace _____ Slab _____ Posts _____ Other _____

Size of structure: Width 40' Length 60' Height _____

Square feet: 1st Floor 2400 2nd Floor _____ 3rd Floor _____

Structure setback (feet from property line): Front 435.18 Rear 25 Side 96.42 Side 293.71

☒ Attach a drawing showing the following: dimensions of property, all roads adjacent to property, easements, wetlands, lakes and streams, all structures, existing or proposed wells, septic tanks and fields, dimensions of structures to property lines, dimensions of proposed structure including height.

____ Attach two sets of construction plans, plus one site plan.

____ Attach document verifying proof of ownership (i.e. tax bill, property transfer affidavit, deed) **NOTICE: Applications in the settlement districts must go before the Planning Commission** (Meets the 1st Thursday of every month)

Land Use No _____

LAND USE PERMIT FEES (accepted in check or cash only)

Residential.....\$50.00

Commercial/Industrial.....\$200.00 + \$3,000.00 (toward 3% inspection fee)

After obtaining a Land Use Permit, you must contact the Livingston County Building Department (517-546-3240) to pull a building permit. You may be required to obtain permits from the following: Health Department (517-546-9850), Drain Commission (517-546-0040), Road Commission (517-546-4250) and any other applicable permits.

NOTICE: PLEASE READ AND INITIAL EACH

CD 1. Land use Permit shall be null and void if proposed development does not have its first inspection within one (1) year.

CD 2. Applicant shall notify Zoning Administrator at time of staking out foundation, then after digging but before pouring foundation, and again/or for compliance with Site Plan including driveways, screening, fencing, parking areas, signs, etc. as applicable. *FAILURE TO DO SO WILL AUTOMATICALLY CANCEL YOUR LAND USE PERMIT REQUIRING YOU TO REAPPLY. A CANCELLED LAND USE PERMIT AUTOMATICALLY CANCELS COUNTY BUILDING PERMITS (21.04E5)!

CD 3. Applicant shall notify Zoning Administrator when construction is ready for final inspection for issuance of CERTIFICATE OF COMPLIANCE. A CERTIFICATE OF COMPLIANCE MUST BE OBTAINED BEFORE THE LIVINGSTON COUNTY BUILDING DEPARTMENT WILL ISSUE A CERTIFICATE OF OCCUPANCY ON NEW RESIDENCES, BUILD-OUT ADDITIONS, OR COMMERCIAL.

CD 4. The Zoning Administrator may suspend or revoke a permit issued in error or on the basis of incorrect information supplied by the applicant or agent or in the event of violation of any of the ordinances or regulations of the Township.

I hereby certify that all information attached to this application is true and accurate to the best of my knowledge. I certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application and agree to conform to all applicable ordinances of Cohoctah Township. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.

Authorized Applicant Signature [Signature] Printed Name CHERYL PEARSON

If not property owner, attach a copy of signed authorization

+++++TOWNSHIP USE ONLY+++++

Zoning Administrator _____ Date _____

Phone No. _____

____ Approved _____ Disapproved Comments _____