

APPLICATION FOR PERMIT FOR TEMPORARY MOBILE HOUSING  
ATTACHMENT TO LAND USE PERMIT APPLICATION

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

\$105 application  
\$3000 deposit (bond)  
after approval.

APPLICANT NAME Tim Blackford APPLICATION DATE 11-9-25  
MAILING ADDRESS 11340 Allison Lane LAND USE APP NUMBER 60-2025  
PHONE NUMBER [REDACTED] MEETING FEE \_\_\_\_\_ CASH DEPOSIT \_\_\_\_\_

NOTE: TOWNSHIP ORDINANCE (AS DEFINED IN DEFINITIONS "DWELLINGS") STIPULATES THAT A MOBILE HOME MEET "HUD" REQUIREMENTS. GENERALLY, MOBILE HOMES CONSTRUCTED IN 1976 OR LATER MEET THESE REQUIREMENTS.

1. Attach completed Application for Land Use Permit.
2. Attach completed drawings for land use permit and include the location for the temporary mobile home and its distance from the well, septic, drain fields, road, and nearest adjoining property line.
3. Attach a copy of the title of mobile home.
4. State make, model, year, and size. Hackney, Elk Ridge 2011 27'
5. For temporary mobile housing during construction, state date construction is planned to begin: 11-20-25; planned to be completed: 11-20-26
6. Have necessary permits for well and septic been obtained? Yes
7. Have well and septic system been installed? Yes

LOCATION OF THE TEMPORARY MOBILE HOUSING MUST BE AT LEAST 100 FEET FROM ANY PUBLIC HIGHWAY AND/OR ADJOINING PROPERTY LINE. ADEQUATE FRESH WATER SUPPLY AND SANITARY FACILITIES MUST BE AVAILABLE ON SITE.



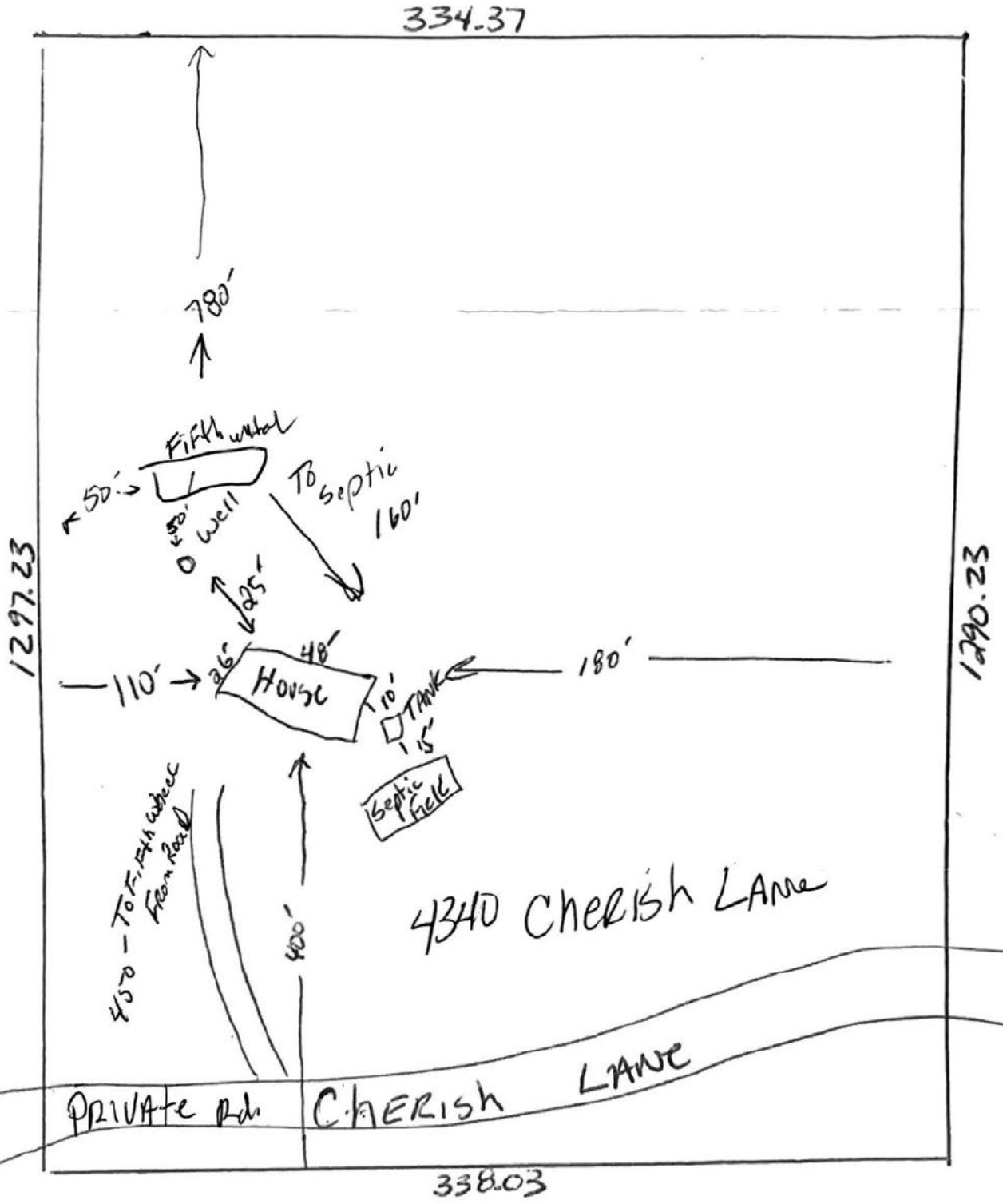
The Township requires that the cash deposit, pursuant to Section 13.10B of the Cohoctah Township Ordinance, must be paid in advance before the Planning Commission will consider this application. APPLICANT ACKNOWLEDGES AND UNDERSTANDS, AS INDICATED BY THE SIGNATURE BELOW, THAT PAYMENT OF FEES AND CASH DEPOSIT DO NOT GUARANTEE OR IN ANY WAY INDICATE THAT THE TOWNSHIP PLANNING COMMISSION WILL GRANT THE REQUESTED PERMIT. The Township reserves the right to reject an application based upon failure of the applicant to comply with the terms of the Zoning Ordinance and, if the application is rejected, the Township will refund the deposit forthwith. APPLICANT FURTHER ACKNOWLEDGES THAT IF THE PERMIT IS GRANTED THE CASH DEPOSIT COULD BE FORFEITED IN ITS ENTIRETY TO THE TOWNSHIP IF APPLICANT FAILS TO COMPLY WITH THE TERMS OF THE PERMIT AND THE ZONING ORDINANCE.

I hereby depose and state that all the above statements and information contained in this application and any attachments submitted herewith are true and accurate.

SIGNATURE OWNER/APPLICANT [REDACTED]  
DATE: 11-9-25

NOTE: \*FOR HARDSHIP APPLICATION, PLEASE ATTACH CAUSE FOR NEED AS DETERMINED BY A PHYSICIAN (6.05 b2d)

Tim Blackford  
4340 Cherish Ln  
Howell MI



VEHICLE IDENTIFICATION NUMBER 5SFRG2920BE218431 YEAR 2011 MAKE ELKRIDGE MODEL TRAILER COACH BODY STYLE  
 TITLE NUMBER MI0014905291 ISSUE DATE 09/30/2022 ODOMETER BRAND OR LEGEND  
 WEIGHT OR FEE CATEGORY 8492 ODOMETER BRAND

OWNER(S) NAME AND ADDRESS  
 TIMOTHY WILLIAM BLACKFORD  
 4340 CHERISH LN  
 HOWELL



NO SECURED INTEREST ON RECORD

**Title Assignment by Seller**

State and federal laws require the seller(s) to indicate mileage when ownership is transferred. Failure to complete or providing false information may result in civil liability, fines and/or imprisonment. **ANY ALTERATION, ERASURE, FALSE STATEMENT, FORGERY OR FRAUD VOIDS THIS TITLE AND IS A CRIME.**

I warrant the ownership of the vehicle described on Certificate of Title has been transferred to the following purchaser(s) and is free of all previous liens:

Completed by Seller	Purchaser(s) Name (printed)		Date of Sale	Selling Price
	Purchaser's Street Address		City	State
	I (we) certify the odometer reading is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> and to the best of my knowledge the odometer mileage is:			
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - <b>WARNING ODOMETER DISCREPANCY</b> <input type="checkbox"/> exceeds mechanical limits of odometer (odometer has rolled over)			
Signature of Seller(s)		Seller(s) Name (printed)		
X				
Seller's Street Address		City	State	Zip

**A \$15.00 Late Fee is Due for Failure to Apply for Title Within 15 Calendar Days of Date of Assignment**

"I am aware of the above odometer certification made by the seller(s)."

Completed by Buyer	Signature of Purchaser(s)		Printed Name of Purchaser(s)	
	X			
	<b>NEW LIENHOLDER INFORMATION:</b> The information below must be on an application for title and presented to the Michigan Department of State.			
Secured Party:		Address:		

The State of Michigan, Michigan Department of State certifies this certificate of title is issued in compliance with the laws of Michigan and constitutes prima facie proof of ownership. Further, on the date of title issuance, the described vehicle was subject to the security interest(s) listed above.

MAILING ADDRESS

TIMOTHY WILLIAM BLACKFORD  
 4340 CHERISH LN  
 HOWELL MI 48855

**H05820153**

**\*\*NOTICE TO SELLERS\*\***  
 Sellers must keep a receipt or photocopy of the reassigned title for their records for 18 months or accompany the purchaser to a Secretary of State Office.



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

RECEIVED  
10-15-25  
COHOCTAH TOWNSHIP

APPLICATION FOR LAND USE PERMIT  
COHOCTAH TOWNSHIP

Land Use No. 60-2025  
Fee # 50 CK # 186

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

OWNER Tim Blackford DATE 10-16-25  
ADDRESS 4340 Cherish Lane TAX CODE NO. 17-400-010  
CITY Howell ZIP Michigan PHONE [REDACTED]

Contractor (if applicable) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Site Address 4340 Cherish Lane Nearest Crossroads Schrepfer/Antcliff

Size of lot: Front 338 Rear 334 Side 1290 Side 1297 Acres 10

Zoning District \_\_\_\_\_

Type of construction: \_\_\_\_\_ \*Check if structure is located in a flood plain \_\_\_\_\_

Principal Structure

New Single Family \_\_\_\_\_ Addition \_\_\_\_\_ Attached Garage \_\_\_\_\_ Other \_\_\_\_\_

Accessory Structure

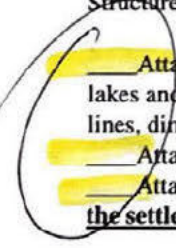
\_\_\_\_\_ Detached Garage, Shed, or Pole Barn \_\_\_\_\_ Deck \_\_\_\_\_ Fence \_\_\_\_\_ Pool/Hot Tub \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_

Foundation: \_\_\_\_\_ Basement \_\_\_\_\_ Crawlspace  Slab \_\_\_\_\_ Posts \_\_\_\_\_ Other \_\_\_\_\_

Size of structure: Width 40 Length 80 Height 17 with trusses

Square feet: 1<sup>st</sup> Floor 1680 2<sup>nd</sup> Floor \_\_\_\_\_ 3<sup>rd</sup> Floor \_\_\_\_\_ 92' x 40' w/ Garage

Structure setback (feet from property line): Front 400 Rear 700 Side 60 Side 190



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 1<sup>st</sup> Thursday of every month)

Land Use No 60.2025

**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**

- Tim 1. Land use Permit shall be null and void if proposed development does not have its first inspection within one (1) year.
- Tim 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)!
- Tim 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.
- Tim 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 \_\_\_\_\_ Printed Name Timothy Blackwell

\*\*\*If not property owner, attach a copy of signed authorization\*\*\*

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

Zoning Administrator Steve A. Bruff Date 11/4/25

Phone No. (517) 404-3372

Approved

Disapproved

Comments Insufficient Doc. - NO PERMIT FOR TEMP HOUSING in RV'S. PIER 16.22A  
Temp Buildings & Structures.  
13.10

Rev. 10/27/17

11-17-2025

334.37

4340 Cherish Lane

1297.23

1290.23

o Well



4346  
Cherish

Cherish Lane

4330  
Cherish

338.03