

150
3000

01-2024

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

BRING TO:

COHOCTAH TOWNSHIP HALL
10518 ANTCLIFF RD

OR

MAIL TO:

COHOCTAH TOWNSHIP
3530 GANNON ROAD
HOWELL, MI 48855

NAME JUDITH COOK APPLICANT APPLICATION DATE 6-20-2024
MAILING ADDRESS 9321 W. MASON LAND USE APP NUMBER _____
PHONE NUMBER 517-404-9578 MEETING FEE \$150⁰⁰ CASH DEPOSIT _____
FOWLerville, MI 48836

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 title of mobile home.
- 4. State make, model, year, and size. BIGHORN 3750FL 2015 40FT
- 5. For temporary mobile housing during construction, state date construction is planned to begin: JULY 2024; planned to be completed: JULY 2025
- 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. AN 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 _____
DATE: 6-20-24



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

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

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

Jc 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)!

Jc 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.

Jc 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 *Judith Cook* Printed Name JUDITH COOK

If not property owner, attach a copy of signed authorization

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TOWNSHIP USE ONLY

Zoning Administrator _____ Date _____

Phone No. _____

____ Approved _____ Disapproved Comments _____



Cash

Textured Metal
Black Roof & Trim & eaves Coat
Charcoal Sides

CREEK

DRIVE WAY

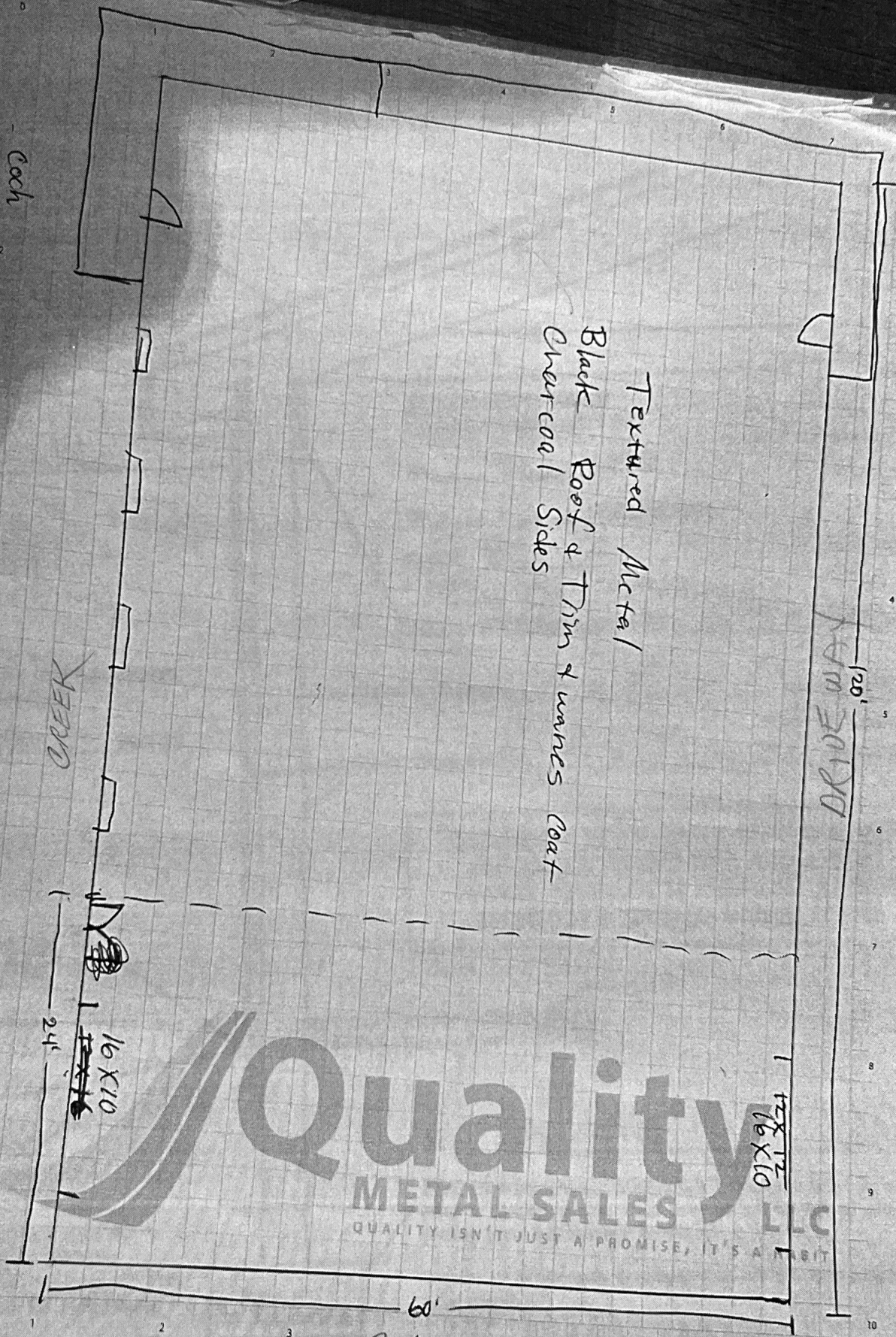
24'

16 X 10

12 X 12
16 X 10

60'

ROAD



SINGLE STORY STANDARD POLE BARN FORM

ACCESSORY STRUCTURES ONLY

ROOFING TYPE:

- METAL
- SHINGLE

EAVE STIFFENER:
(FACIA)

2 INCH X 6

SIDING:

- METAL
- WOOD
- VINYL
- OVER O.S.B.

HEIGHT OF BUILDING FROM
EAVE TO GRADE:

16 FEET 0 INCHES

SKIRT BOARD:
(LIKE 3-2"X6" T&G)

GRADE:

THE FOOTING DEPTH
MUST BE 42 INCHES
FROM THE BOTTOM OF THE
CONCRETE TO THE FINAL
GRADE.

- ENGINEERED TRUSS
- HAND FRAMED RAFTERS

A= _____ X _____ RAFTER

B= _____ X _____ CEILING JOIST

PITCH 4 / 12

4' OC Spacing
TRUSS CARRIERS FROM CHART: 1/6" X LLVL

POLE SIZE: 6 X 6 AT 8" ON CENTER

WALL GIRTS: 2 X 4 AT 24" ON CENTER

**BUILDINGS WITH POSTS SPACED 8 FEET
ON CENTER OR GREATER AND A WALL
HEIGHT BETWEEN 11 FEET AND 14 FEET
MUST USE 6 INCH BY 6 INCH POSTS**

FLOOR:

OR CONCRETE

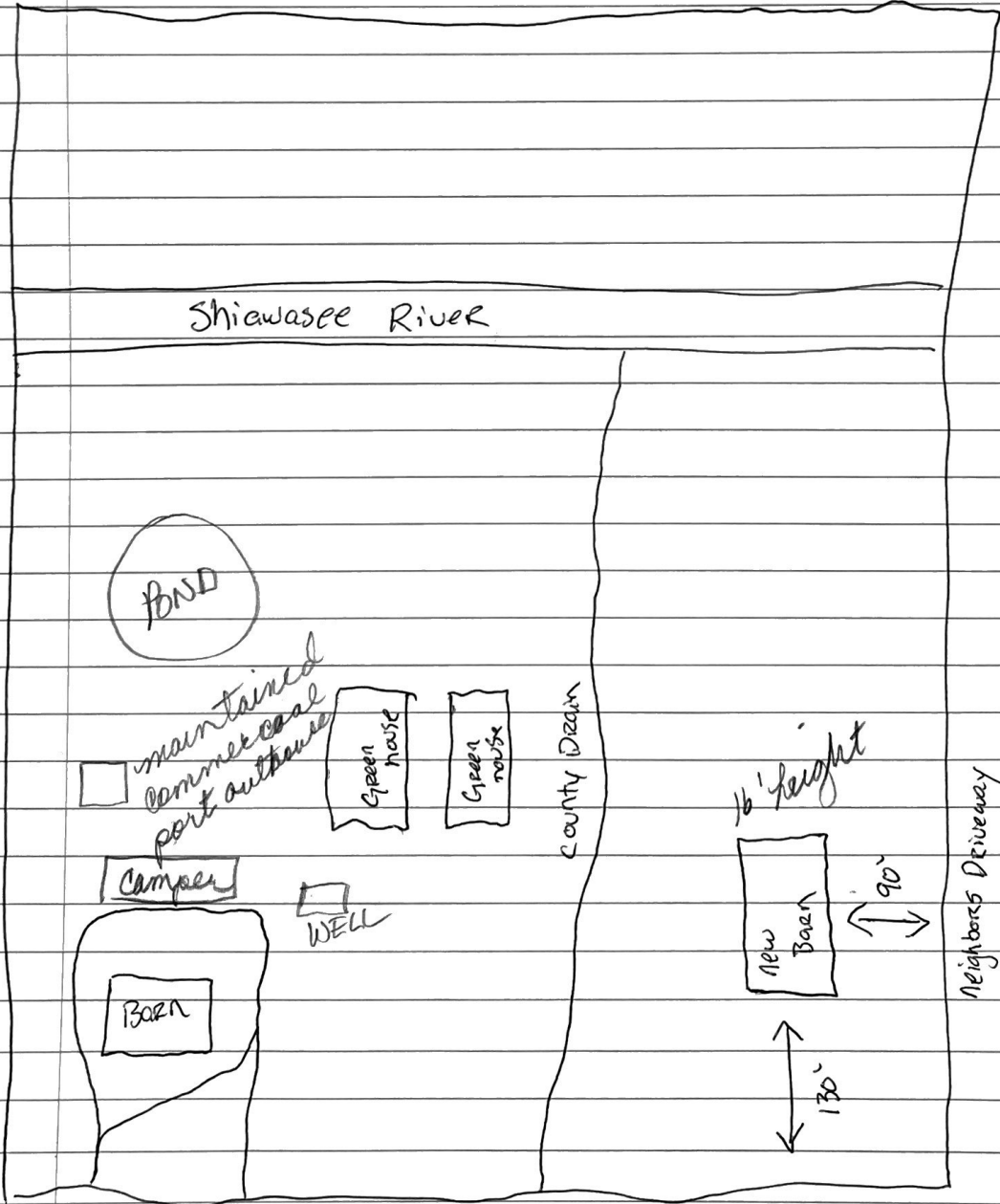
SIZE OF FOOTINGS FROM CHART: Concrete must be mixed
prior to placing in hole. Pole must be set on top of concrete
footing when sufficiently hardened

Precast concrete pads (cookies) shall not be used without
prior approval.

24 INCHES THICK X 12 INCHES IN DIAMETER



MARR RD



Byron RD

Chase RD

STATE OF MICHIGAN

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER 5SFBG4320FE295666 YEAR 2015 MAKE BIGHORN MODEL TRAILER COACH BODY STYLE
 TITLE NUMBER MI0014597871 ISSUE DATE 08/29/2022 ODOMETER BRAND OR LEGEND
 WEIGHT OR FEE CATEGORY 13692 ODOMETER BRAND

OWNER(S) NAME AND ADDRESS
 JUDITH SHERYLYNN COOK
 9321 MASON RD
 FOWLerville



First Secured Party/ Filing Date
 FINANCIAL PLUS CREDIT UNION
 G-3381 VANSLYKE RD 08/29/2022
 FLINT MI 48507

Release of First Lien:

Signature of Agent

Date

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 - WARNING ODOMETER DISCREPANCY <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	
NEW LIENHOLDER INFORMATION: 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

JUDITH SHERYLYNN COOK
 9321 MASON RD
 FOWLerville

MI 48836

H05534296

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.

