



FOUNDED 1862 • HEMLOCK

1180 N. Hemlock Rd. • Hemlock, Michigan 48626
 Phone 989-642-2097 • Fax 989-642-5882

APPLICATION FOR ZONING COMPLIANCE CERTIFICATE		
Project Information		
Project Address	Tax ID Number: 22-12-2-	Zoning Dist.*
Owner Name	Contact Address	Phone
Contact Email Address:		
Application Fee:	Estimated cost of project:	

***Note: Any work in Commercial or Industrial districts requires a site plan review, contact Zoning Administrator.**

Contractor Information		
Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	Cell:

Type of Improvement:

___ **Residential Construction:** (New, Addition or Remodel) **Building Permit is required.** Attach site plan and note setback requirements below.

___ **Repair:**

- ___ Re-roof: **Building Permit may be required.**
- ___ Replace/modify windows or doors: **Building Permit may be required.**
- ___ Replace siding/gutters/shutters etc.: **Building permit is not required.**
- ___ Basement or foundation wall/drainage: **Building permit is required.**
- ___ Other: Describe: _____

___ **Accessory Structure, Shed or Storage Building:** Size: _____ Sq. Footage: _____

Attach diagram showing location of proposed and existing buildings. If over 200 sq. ft. a building permit is required. Note anchoring requirements and setback requirements below.

___ **Flatwork:** (Driveway, patio or flat deck) Attach diagram. Raised or multilevel deck requires building permit. For driveway work, Road Commission or MDOT permit may be required. Contact appropriate office.

___ **Pool:** Attach site plan showing proposed location and setbacks. If over 500-gallon capacity, a building permit is required.

___ **Fence:** Attach site plan showing proposed location and heights.

___ **Pond:** (Any size) **Site plan review is required,** contact Zoning Administrator.

___ **Other:** Describe _____

Applicant Information			
<i>Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:</i>			
Name:	Address:		
City:	State:	Zip:	Phone:
<i>I hereby 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 as his/her authorized agent, and we agree to conform to all applicable Zoning Ordinances of Richland Township. All information submitted on this application is accurate to the best of my knowledge.</i>			
<i>I hereby grant Richland Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigations specifically related to this application.</i>			
Signature of Applicant:		Date:	

Project cannot proceed until application is approved by township officer.

Approvals (for office use only)	
Reviewed by:	Date:
_____	Project complies with zoning requirements and this application is approved.
_____	Project does not comply with zoning requirements and this application is denied.
Comments	

Setback Requirements for dwelling unit/main structure

Zoning District	Max. Building Height	Min. Front Setback	Minimum Side Setback	Minimum Rear Setback	Minimum Floor Area
A1-Agricultural	35	40	10	40	1000
A2-AG Disbursed Res.	35	40	10	40	1000
R1-Res Single Family	35	30	10	30	1000
R2-Res Multi-Family	40	25	10	30	varies

Setback Requirements for accessory structure

Zoning District	Max. Building Height	Minimum Front Setback	Minimum Side Setback	Minimum Rear Setback	Maximum Lot Coverage
A1-Agricultural	20	30	8	5	n/a
A2-AG Disbursed Res.	20	30	8	5	n/a
R1-Res Single Family	20	30	8	5	25%
R2-Res Multi-Family	20	30	8	5	50%

All accessory buildings must be at least 10' from primary structure (Michigan Fire Code).