ZONING PERMIT

FOR MAJOR PROJECTS

TOWNSHIP OF DEXTER
6880 DEXTER-PINCKNEY RD., DEXTER, MI 48130
Phone: (734) 426-3767 FAX: (734) 426-3833
www.twp-dexter.org

This permit expires 365 days from approved date below

PERMIT NO._____
ZBA #_____
FOOTING INSPECTION $_____
FINAL INSPECTION $_____
RECYCLE FEE $_____
TOTAL COLLECTED $_____
DATE COLLECTED_____

Property Address:_____ **Property ID: #04-**_____

1. Property Owner:_____ Phone:_____
Address:_____ Cell:_____
_____ Fax:_____
Contractor:_____ Phone:_____
Address:_____ Cell:_____
_____ Fax:_____

2. PROPOSED CONSTRUCTION: ❑ Single-Family Home ❑ Single-Family Home Addition (Covered)
❑ Uncovered Deck, Patio, or Porch ❑ Agricultural Building ❑ Pole Barn, Garage, Shed, or Gazebo
❑ Swimming Pool ❑ Fence ❑ Demolition ❑ Other_____

Description of Work:_____
_____
Conditions:_____
_____

3. ZONING STANDARDS: **Zoning District=**_____ **Lot Area=**_____ (Required≥_____)
Lot Width/Frontage=_____ft. (Required≥_____ft.) **Structure Height=**_____ft. (Max.≤_____ft.)
Existing Setbacks: Front:_____' Rear:_____' __Side:_____' __Side:_____' _____:_____' _____:_____'
Proposed Setbacks: Front:_____' Rear:_____' __Side:_____' __Side:_____' _____:_____' _____:_____'
Required Setbacks: Front:_____' Rear:_____' __Side:_____' __Side:_____' _____:_____' _____:_____'

Existing Lot Coverage: _____square feet (_____%)
Proposed Lot Coverage: _____square feet (_____%) **Maximum Allowable Lot Coverage≤**_____%

4. This permit issued on information furnished by the applicant and is granted on condition the construction will in all respects conform to DEXTER TOWNSHIP Ordinances and Regulations governing the same, and may be revoked at any time upon violation of any of the provisions thereof.

5. No construction shall commence until a building permit has been obtained from the Chelsea Area Construction Agency (CACA), if required. It is unlawful to use or occupy or permit the use or occupancy of any building or premises, or both or part thereof thereafter created, erected, changed, converted, or wholly, or partly altered, until "FINAL CERTIFICATE OF ZONING COMPLIANCE" is stamped on this permit by the Zoning Administration Office.

6. It is the responsibility of the applicant to schedule with this office the inspections the Township requires. See inspection schedule furnished.

7. The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date:_____ Signed:_____ _____
Applicant Applicant

Approved
Date:_____ Signed:_____
Authorized Zoning Signature

Final Inspection Notes:_____
_____
_____
_____
_____
_____
_____
_____