

Pentwater Township
500 N. Hancock Street, P.O. Box 512, Pentwater, Michigan 49449
Phone (231) 869-6231

Website: www.pentwatertownshipmi.gov.

Email: zoningadministrator@pentwatertownshipmi.gov

APPLICATION FOR ZONING PERMIT

Date Application Prepared: _____ Application Fee \$ 50.00

Date Application Received: _____ Receipt No. _____

Property Location Information

Parcel ID: 64 - 001 - ____ - ____ - ____ Property Address _____

Nearest Cross Road _____

Section No. _____ Subdivision Name _____

Applicant Information

Applicant (circle one):

Contractor Property Owner Other _____

(applicant)

(address)

(city, state, zip code)

(telephone, home, cell and/or business)

(email address)

Property owner's name and address (if not the applicant)

_____ Email _____

_____ Phone (_____) _____ - _____

Revised October 2025

Land Use and Zoning Information

Proposed Land Use (i.e. Single, Duplex or Multiple Family Residential, Commercial or Industrial Use)

Zoning Map Classification of Property: _____

Lot Area: _____ sq. ft. or acres. Lot width: _____ ft. Waterfront? Yes _____ No _____

Project Description, i.e.: Size(s) and Type(s) of building, addition, accessory building, deck, fence, etc.

Minimum setbacks (Minimum 8 1/2 x 11 inch Plot Plan or Sketch Required):

(Setbacks for accessory buildings are measured from lot lines to the drip edge or eave of the building)

Waterfront Setback Required = _____ ft. Proposed = _____ ft.

Front Setback: Required = _____ ft. Proposed = _____ ft.

Corner Lot? Yes _____ No _____ Side Street Front Setback: Req. = _____ ft. Prop. = _____ ft.

Side Setback: Required = (N or E) _____ ft. Proposed = _____ ft.

Side Setback: Required = (S or W) _____ ft. Proposed = _____ ft.

Rear Setback: Required = _____ ft. Proposed = _____ ft.

Other Zoning Requirements:

Percent (%) Lot Coverage (Impervious Surface): Existing = _____% Proposed = _____%

Principal Building Area: Required = _____ sq. ft. Proposed = _____ sq. ft.

Principal Building Height: Allowed = _____ ft. from grade to peak. Proposed = _____ ft. from grade to peak.

Acc. Building Area: Allowed = _____ sq. ft. Proposed = _____ sq. ft.

Acc. Building Height: Allowed = _____ ft. from grade to peak. Proposed = _____ ft. from grade to peak.

Zoning Variance Required? Yes _____ No _____

I Attest that the above information is true, to the best of my knowledge:

Applicant's Signature _____

Date: _____

Miscellaneous

Check all attached information:

- ☐ Plot Plan or Sketch of property including setbacks. Include Survey (if available).
- ☐ Building Drawings – especially floor plans and building elevations.
- ☐ Critical Dune Area, High-Risk Erosion Area or Wetlands? Yes____ No____
- ☐ MDEQ, MDNR or USACE Permit Required? Yes____ No____
- ☐ Septic System? – Requires DHD #10 Approval.
- ☐ Sanitary Sewer? – Is sewer capacity available?_____
- ☐ Well – Requires DHD #10 Approval
- ☐ Address needed? – Oceana County Equalization Department
- ☐ Soil Erosion and Sedimentation Control Permit or Waiver Oceana County Drain Commissioner
- ☐ **Date of Zoning Board of Appeals (ZBA) Meeting/Hearing** _____
- ☐ **ZBA Decision** _____

Authorization for On-Site Inspection

By signing below, the Applicant and/or Property Owner authorize Pentwater Township Staff, Elected or Appointed Officials permission to enter the property for the purposes of investigating any question that they may have relative to this Zoning Permit Application.

Applicant Signature _____ Date: _____

Property Owner Signature _____ Date: _____

Zoning Permit Approval

Zoning Permit No. _____ **Date:** _____ **Expiration Date:** _____

Signed: _____
Zoning Administrator