CRYSTAL FALLS TOWNSHIP Revised 1-1-25
ZONING - LAND USE PERMIT APPLICATION

_____
(applicant)

_____
(address)

_____
(city, state, zip code)

_____
telephone, home and cell

_____
Contractor name and phone number

FOR OFFICE USE ONLY

File Number _____
Date Received_____
Fee Received_____
Receipt Number_____
Current Zoning_____

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant):
_____
_____
_____ Phone (_ _ _) _ _ _ - _ _ _ _

If you are not the property owner what is your relationship with him/her? (circle one): If not owner, attach written permission statement from Property Owner to complete this application.

Owner Contractor/Builder Authorized Agent/Other: _____

PROPOSED CONSTRUCTION SITE LOCATION: _____
(If new construction, an address will not be known. An address is obtained from the Iron County Construction Code office after a building permit is issued.)

PARCEL/TAX NUMBER 36 - 002 - _ _ _ - _ _ _ - _ _

PARCEL SIZE: _____

PROPOSED USE:_____

SIZE OF BUILDING, STRUCTURE, ADDITION:_____

PROPERTY DESCRIPTION: _____

☐**ATTACH REQUIRED PLANS, CONSTRUCTION DRAWINGS, AND SPECIFICATIONS FOR THE PROPOSED PROJECT AND/OR BUILDINGS. Include reference sketch/drawing with north arrow, distances from roads and property lines, & information describing the proposed structure(s) or work item(s).**

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Crystal Falls Township Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of Crystal Falls Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. **Further, I agree to give permission for officials of Crystal Falls Township, the County of Iron and the State of Michigan to enter the property subject to this permit application for purposes of inspection & assessment.** Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Permit Applicant (Please Print):_____
Signature:_____
Date:_____

When completed send with $50.00 Application Fee (or $300.00 "After the Fact" Permit Violation Fee) to:
Crystal Falls Township Zoning Administrator
1384 West US-2, PO Box 329
Crystal Falls, Michigan 49920

*****Checks should be made payable to "Crystal Falls Township".