

**Glen Arbor Township  
Land Use Permit**

231-334-3539  
Fax 231-334-6370  
glenarbor@glenarbertownship.com

**DATE:**

**PERMIT #:**

New Construction:      Alteration:      Addition:  
Demolitions:      Change of Use:      Signs:

**APPLICANT:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Builder: \_\_\_\_\_  
Builder's License #: \_\_\_\_\_

**OWNER:**  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

**PROPERTY:**  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Property Tax Number \_\_\_\_\_  
Current Use \_\_\_\_\_ Conforming: YES NO  
Proposed Use: \_\_\_\_\_  
Property Size: (sq ft) \_\_\_\_\_

**PROPOSED BUILDING INFORMATION:**  
Health Permit No: \_\_\_\_\_  
if none, required approval attached  
Soil Erosion Permit No: \_\_\_\_\_  
Building Size: (sq ft) \_\_\_\_\_  
Building Dimensions:  
W                      L                      H                      #Stories  
Minimum Sq. Footage Required: \_\_\_\_\_

**SQUARE FOOTAGE BREAKDOWN:**

1st fl: \_\_\_\_\_ 2nd fl: \_\_\_\_\_ Basement: \_\_\_\_\_ Garage: \_\_\_\_\_ Other: \_\_\_\_\_

Additional Comments/concerns:  
  
**An Installation Permit must be obtained to install an alarm system Per Glen Arbor Ordinance # 2-98**

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate and that I intend to comply fully with all Ordinances and regulation of Glen Arbor Township, Leelanau County, Michigan, the Health Department, the Leelanau Conservation District, all applicable building codes and all other applicable agencies that may be involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for the Glen Arbor Township Zoning Administrator to enter the above described property until such time as a final Occupancy Permit is issued, solely for the purpose of ensuring compliance with the requirements of Glen Arbor Township as related to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: NOTIFY ZONING ADMINISTRATOR FOR PRELIMINARY  
INSPECTION WHEN FOOTINGS ARE IN AND PROPERTY STAKED.  
Bob Hawley—231-334-6224**

**FOR TOWNSHIP ZONING ADMINISTRATOR USE**

**PERMIT #** \_\_\_\_\_

MINIMUM SQUARE FOOTAGE APPROVED: \_\_\_\_\_ (Zoning Administrator)

REQUIRED MINIMUM SETBACK FROM PROPERTY/R.O.W. LINES ARE: \_\_\_\_\_

ACTUAL SET BACKS WILL BE: \_\_\_\_\_

**PROJECT GRANTED:** BY: \_\_\_\_\_ (Zoning Administrator) DATE OF ISSUE: \_\_\_\_\_  
(\*Permit valid for one year from this date)

**DENIED:** BY: \_\_\_\_\_ (Zoning Administrator) DATE OF DENIAL: \_\_\_\_\_

FOR THE FOLLOWING REASONS:

DATE CALLED IN: \_\_\_\_\_ SIGN OFF DATE: \_\_\_\_\_

**PROPERTY SKETCH REQUIRED:**

Show sufficient detail including location and dimensions of property, proposed buildings(s), additions, septic, well, terrain including any historic or natural resources, setbacks, water, parking, driveway specifications and any other unusual attributes that may be relevant.

NOTE: The granting of this land use permit does not insure that the proposed structure has access for fire suppression and emergency vehicles. Any driveway or combination of access roads and driveways are the responsibility of owner and must be constructed in a manner to provide access , maintain them free of snow, ice and other obstructions, and conform to the Glen Arbor Township Zoning Ordinance. The Township shall not be liable for any damages resulting from non-compliance.