

**LAND USE PRE-APPLICATION
Agricultural - Residential
PRE-APPLICATION AND PROCEDURE
REQUIREMENTS**

6725 Airport Road Marlette, Michigan 48453
Office: (989) 635-7772 Fax: (989) 635-3595
www.marlettetownship.org

PRE-APPLICATION FOR LAND USE PROCESS AND INSTRUCTIONS

PRE-APPLICATION PROCESS:

Pre-Applications can be obtained by going to the Township's webpage at www.marlettetownship.org or by contacting the Marlette Township Clerk or the Zoning Administrator.

All completed Pre-Applications must be returned **ONLY** to the Marlette Township Clerk with the proper inspection and performance bond fees to:

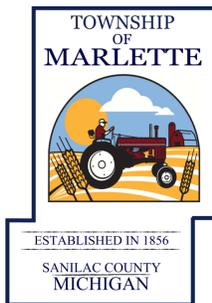
Township of Marlette
ATTN: Township Clerk
6725 Airport Road
Marlette, Michigan 48453

Township Zoning Officials will then be notified of the Pre-Application and will make arrangements for a Site-Inspection and will inform the applicant of their findings.

If the Pre-Application is approved by the Township Zoning Official(s), the applicant will be provided with an approval and will then be required to take the approval and Pre-Application to the Sanilac County Building Department; also known as the Department of Construction and Land Use, located in the Sanilac County Court House located at 60 W. Sanilac Avenue Sandusky, Michigan 48471

****INSPECTION FEE SCHEDULE****

Agricultural/Residential.....\$50.00
Performance Bond.....\$50.00



TOWNSHIP OF MARLETTE

6725 Airport Road
Marlette, Michigan 48453
Office: (989) 635-7772
Fax: (989) 635-3595

www.marlettetownship.org

PRE-APPLICATION REQUIREMENTS:

Applicants must have a Pre-Application for land use, building and/or special-Use permit approved by the Township of Marlette before any building permit can be issued by the Sanilac County Building Department.

Construction must conform to ALL Marlette Township Zoning Ordinances in effect at the time of issuance of the permit.

The Pre-Application form must be completely filled out and must include a detailed site plan or site drawing. The site will be subjected to an on-site inspection by the proper official(s) of the Township of Marlette.

If a question arises at the time of the site inspection, Marlette Township's Zoning Ordinance may require the applicant to apply for a variance or special-use permit at full cost to the responsible party.

Marlette Township's policy requires a non-refundable inspection fee per site or building payable to "Marlette Township" BEFORE any inspections can take place. A fifty dollar (\$50.00) performance bond will also be due at that time. The fifty dollar (\$50.00) performance bond will be refunded upon the return of the signed "Completed and Approved" Land Use Permit Review form as provided by the Sanilac County Building Department. If you decide not to start your project you will need to notify the Zoning Administrator and the Fifty dollar (\$50.00) performance bond will be returned. If you fail to notify the Zoning Administrator or fail to return the "Completed and Approved" Land Use Permit Review form then the Performance bond amount will be forfeited to the Township within one (1) year.

After the pre-application is approved by the Township of Marlette, the completed form will be available for pick-up and submission to the Sanilac County Building Department. The Applicant is responsible for all permit fees required by the County Building Department at the time of application submission to County Officials.

Approved pre-applications are valid for one (1) year from the date of issuance.

***Construction must start
within this time frame.***

FILLING OUT THE PRE-APPLICATION:

PROJECT INFORMATION:

Please provide a name for your project (example: Rear Deck, Pole Barn, Etc.) Please include your property address and parcel ID. Under "Zoning" Please list if your property is zoned Agricultural, Residential, Etc. Please list any setbacks, if unknown or not applicable leave blank.

IDENTIFICATION:

Please provide Owner or Lessee information, Architect or Engineer and contractor information if applicable.

TYPE OF IMPROVEMENT AND PLAN REVIEW:

Please check the appropriate "Type of Improvement" boxes.

PROPOSED USE OF BUILDING:

Please indicate the proposed use of the building under the appropriate section (A. Residential; B. Agricultural). Please Note: If you are selecting an "Agricultural" proposed use and are seeking an Agricultural Exemption you will be required to complete and submit the attached "Affidavit as to Agricultural Use Exemption" form to the Township at the time of Pre-Application.

SELECTED CHARACTERISTICS OF BUILDING/SITE:

Please indicate the characteristics of the building/site by selecting the appropriate boxes in categories A thru F.

APPLICANT INFORMATION:

Please fill in the information of the person or persons responsible for the payment of all fees and who is responsible for this pre-application. Please be sure to sign the application form.

DATE OF APPLICATION:

Please list the date you have completed and are submitting the application in the appropriate box.

AFFIDAVIT AS TO AG USE EXEMPTION:

This form is required if you are claiming that the proposed project is being used for Agricultural Purposes Only and you are requesting an Agricultural Use Exemption.

SITE PLAN / SITE DRAWING:

Please use the provided graph paper to complete a drawn out site plan or site drawing. An example has been provided in this pre-application packet. Architectural site plans or plans submitted on other paper will be accepted as long as they are legible.

QUESTIONS OR NEED HELP?

If you have questions or need assistance with completing the Pre-Application you may contact the Zoning Administrator. They will assist you with the process.

ZONING ADMINISTRATOR:

Glen Phillips gphillips@marlettetownship.org
Cell: (989) 551-7978
Home: (989) 635-3303
Farm: (989) 635-7917



TOWNSHIP OF MARLETTE

6725 Airport Road Marlette, Michigan 48453
 Office: (989) 635-7772 Fax: (989) 635-3595

LAND USE PERMIT PRE-APPLICATION Agricultural - Residential

PERMIT NUMBER : _____
To be issued by Township Zoning Official

I. PROJECT INFORMATION			
PROJECT NAME:			PROPERTY ADDRESS:
TAX PARCEL ID NO.			ZONING:
SETBACKS:			

II. IDENTIFICATION			
A. APPLICANT			
NAME:			ADDRESS:
CITY:	STATE:	ZIP CODE:	TELEPHONE NO.:
B. OWNER, If other than Applicant			
NAME:			ADDRESS:
CITY:	STATE:	ZIP CODE:	TELEPHONE NO.:
C. ARCHITECT OR ENGINEER			
NAME:			ADDRESS:
CITY:	STATE:	ZIP CODE:	TELEPHONE NO.:
E-MAIL:	FAX NO.:		
D. CONTRACTOR			
NAME:			ADDRESS:
CITY:	STATE:	ZIP CODE:	TELEPHONE NO.:
BUILDERS LICENSE NO.:			EXPIRATION DATE:
E-MAIL:	FAX NO.:		

III. TYPE OF IMPROVEMENT AND PLAN REVIEW	
A. TYPE OF IMPROVEMENT	
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> REMODEL <input type="checkbox"/> DEMOLITION <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> RELOCATION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MODULAR <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> SPECIAL INSPECTION (See below section B)	
B. PLAN REVIEW REQUIRED – NOTE: USES PERMITTED AFTER SPECIAL APPROVAL MAY BE REQUIRED. SUBDIVISION APPROVAL MAY BE REQUIRED	
PLANS MUST BE SUBMITTED WITH AN APPLICATION FOR REVIEW AND THE APPROPRIATE FEE BEFORE A PERMIT CAN BE ISSUED.	

IV. PROPOSED USE OF BUILDING	
A. RESIDENTIAL	
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS: _____ <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> POOL <input type="checkbox"/> DECK <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> OTHER: _____	

B. AGRICULTURAL

EQUIPMENT STORAGE LIVE STOCK HOUSING OTHER STORAGE ADDITIONS (LEAN TO, ETC)

OTHER: _____

V. SELECTED CHARACTERISTICS OF BUILDING / SITE

A. PRINCIPLE TYPE OF FRAME

MASONRY, WALL BEARING WOOD FRAME STRUCTURAL STEEL REINFORCED CONCRETE POLE STRUCTURE

OTHER: _____

B. PRINCIPLE TYPE OF HEATING FUEL

GAS OIL ELECTRICITY COAL WOOD GEO THERMAL NONE

OTHER: _____

C. TYPE OF SEWAGE DISPOSAL

SEPTIC SYSTEM / DRAIN FIELD SANITARY SEWER – NO. OF REU'S: _____

D. TYPE OF WATER SUPPLY

PUBLIC WATER PRIVATE WELL COMMUNITY WELL

E. TYPE OF MECHANICAL

WILL THERE BE AIR CONDITIONING? YES NO WILL THERE BE FIRE SUPPRESSION? YES NO

F. FLOOD PLAIN

FLOODPLAIN: PROPERTY LOCATED IN A FLOODPLAIN? YES NO

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME:		TELEPHONE NO.:	
ADDRESS:		CITY:	
STATE:		ZIP CODE:	
E-MAIL:			

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 LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT TO VERIFY COMPLIANCE OF THIS PERMIT, IT MAY BE NECESSARY FOR THE ZONING ADMINISTRATOR OR HIS/HER AGENT TO ENTER THE PREMISES AT REASONABLE TIMES TO CERTIFY THE INFORMATION CONTAINED IN THIS PERMIT UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED.

PRINTED NAME OF APPLICANT:		SIGNATURE OF APPLICANT:	
PRINTED NAME OF OWNER IF OTHER THAN APPLICANT:		SIGNATURE OF OWNER, IF OTHER THAN APPLICANT:	

Date of Application: ____/____/____

For Township Use Only

Date Application Received by Township: ____/____/____

VII. LAND USE PERMIT REVIEW – **LOCAL GOVERNMENT OFFICIALS COMPLETE THIS SECTION**

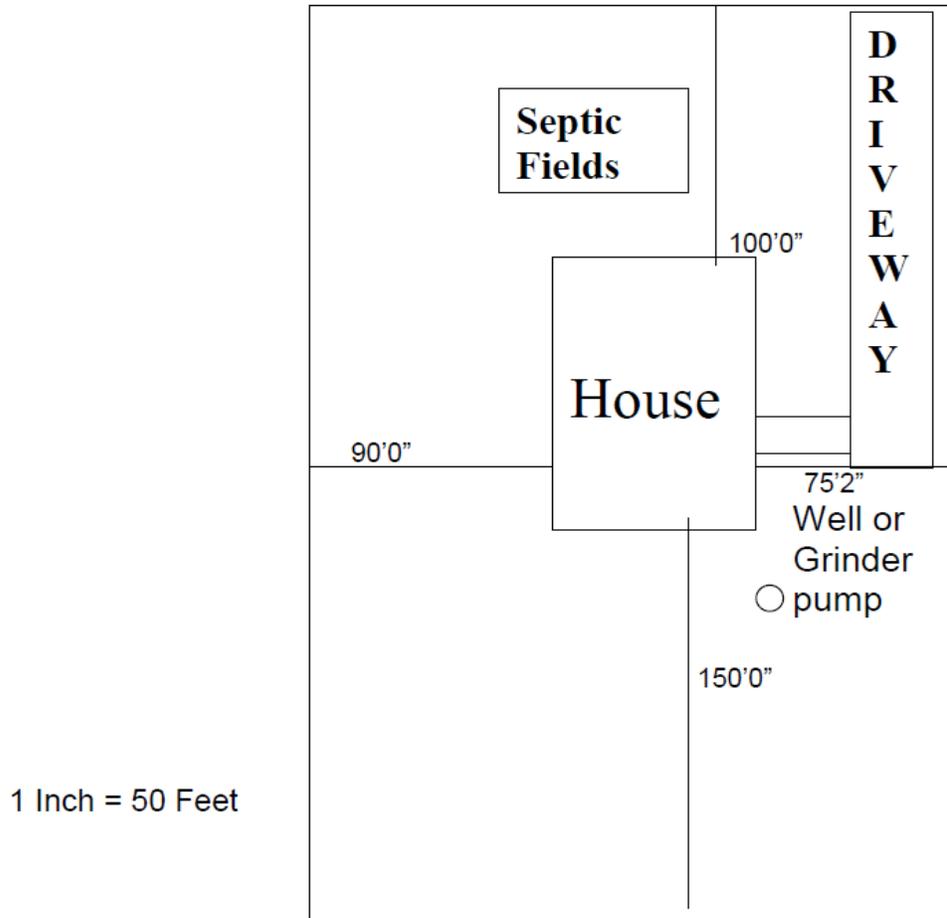
ENVIRONMENTAL CONTROL APPROVALS – HOMEOWNER OR CONTRACTOR’S RESPONSIBILITY

(A) PART 91 SOIL EROSION Working within 500 ft of Lake, river or stream – to verify if High Risk – Property ID No. First Contact (810) 648-4664. IF YES – Contact DEQ (517)373-1952	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	YES NO	YES NO			
(B) PART 91 SOIL EROSION Disturbs one acre or more Contact – Sanilac County Land Use (810) 648-4664	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	YES NO	YES NO			
(C) PART 303 SOIL EROSION Work in Wetlands Contact DEQ: (989) 894-6200	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	YES NO	YES NO			
(D) PART 31 SOIL EROSION Floodplain/Property Flooding Contact: DEQ (989) 894-6226	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	YES NO	YES NO			
(E) HEALTH DEPARTMENT Contact: (810) 648-2150 Extension # 124	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	WELL YES NO	YES NO			
	SEPTIC YES NO				
(F) ZONING REQUIRED F1 – Site Drawing (Hand Drawn) F2 – Site Plan (Surveyed/ Engineered Drawing) F3 – Special Land Use F4 - Variance	<u>REQUIRED</u>	<u>APPROVED</u>	<u>DATE APPROVED</u>	<u>NUMBER</u>	<u>APPROVED BY</u>
	YES NO	YES			
	YES NO	NO			
	YES NO				
PERMIT REQUEST APPROVED OR NOT APPROVED:		DATE:		FEE COLLECTED:	APPROVAL SIGNATURE :

FINAL INSPECTION APPROVED OR NOT APPROVED	<u>APPROVED</u>					
	YES NO	DATE:		PERMIT NUMBER:		APPROVAL SIGNATURE :

SAMPLE SITE PLAN

*Refer to ARTICLE 16.03 (Marlette Township Zoning Ordinance) for Site Plan Requirements



Note: This is not to scale, it is for example purposes only

****DISCLAIMER****

This sample site plan is being provided for convenience only. Please refer to the Marlette Township Zoning Ordinance Article 16 for a complete list of site plan requirements and approval standards. In the case of conflicts between this document and the Zoning Ordinance, the Zoning Ordinance is controlling.

