

ZONING PERMIT

FOR MAJOR PROJECTS

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

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

This permit expires 365 days from approved date below

Property Address: _____

Property ID: #04 _____

1. Property Owner: _____
Address: _____
Contractor: _____
Address: _____

Phone: _____
Fax: _____
Email: _____
Phone: _____
Fax: _____
Email: _____

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= _____ ac. (Required > _____ ac.)
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: _____

Owner / Applicant

Owner / Applicant

Approved

Date: _____ Signed: _____

Authorized Zoning Signature

Preliminary Certificate of Zoning Compliance

(Date)

(Zoning Inspector)

Final Certificate of Zoning Compliance

(Date)

(Zoning Inspector)

DEXTER TOWNSHIP ZONING PERMIT CHECKLIST & ACKNOWLEDGEMENT FORM

Address: _____

Tax #: _____

Applicant: _____

Zoning Permit #: _____

Interest in property: (circle one) Owner Purchaser Agent Contractor

****Applicant shall read the following statements, check the boxes, and sign and date below****

- The attached site plan is an accurate representation of the property and depicts ALL structures and relevant features on the property.
- All existing and proposed structures are depicted and accurately located and dimensioned from each other and from the property lines.
- All exterior dimensions on all existing and proposed structures are accurately labeled.
- All existing and proposed surface structures (sidewalks, driveways, patios, etc.) are accurately located and represented.
- All utilities are accurately located.
- The attached "Lot Coverage Calculation" form is accurate and complete.
- I understand that I must notify Dexter Township when I am ready for a footing inspection.
- I understand that I must notify Dexter Township when I am ready for a final inspection.
- I understand that building permit(s) must be obtained from the Chelsea Area Construction Agency (CACA) prior to construction.
- I understand that the Chelsea Area Construction Agency must also be notified when I am ready for ALL inspections, including footing and final inspections.
- I understand that this permit will expire unless construction has been started within 365 days from the date of issue and is continuously and reasonable progressing thereafter.
- I understand that I am required to submit revised site and/or building plans prior to construction if I make any changes to size or location of approved structures.
- The above information is accurate and complete to the best of my knowledge and belief.

Signature of Applicant

Date

LOT COVERAGE AND OTHER IMPERVIOUS SURFACES CALCULATION FORM

Info.	Address _____				Zoning Permit # -ZP-	
	Primary Prop. I.D. 04- - -				ZBA Application# -ZBA-	
	Applicant _____				Other (explain) _____	
Lot Area	NET Lot Area (Contiguous parcels, same ownership interest) (refer to definition of "Lot" in Zoning Ordinance)					
		I.D. #				Square Feet
	(Primary Parcel) Lot #1	04- - -				ft. ²
	Lot #2	04- - -				ft. ²
	Lot #3	04- - -				ft. ²
	Lot #4	04- - -				ft. ²
	(A) Lot Area Total			ft.² (ac.)		
Lot Coverage	See definition of "Lot coverage" in Ordinance, but shall include from the foundation wall, or the "dripline" of the roof.					
		<i>Describe Structure (e.g., house, garage, pole barn, shed, etc.)</i>	Existing	Add	Demolish	
	#1: Principal Structure, w/ Attachments	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						Current
						Proposed
		(B) Total Principal Structure Lot Coverage (ft.²)			ft.²	ft.²
	#2: Detached Accessory Structure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#3: Detached Accessory Structure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#4: Detached Accessory Structure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#5: Detached Accessory Structure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(C) Total Accessory Structure Lot Coverage (ft.²)			ft.²	ft.²
		Total Accessory Structure Lot Coverage (%)			%	%
	Divide total accessory structure coverage by lot area total (i.e., (C) ÷ (A))					
	(B) + (C) Total Lot Coverage of All Structures (ft.²)			ft.²	ft.²	
	Total Lot Coverage of All Structures (%)			%	%	
	Divide total lot coverage by lot area total (i.e., [(B) + (C)] ÷ (A))					
Other Impervious Surfaces	See definition of "Impervious Surface" in Ordinance					
		<i>Describe Other Impervious Surface (e.g., driveway, sidewalk, uncovered patio, etc.)</i>	Existing	Add	Demolish	
	#1: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#2: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#3: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#4: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#5: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	#6: Other Impervious Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(D) Total Area of Other Impervious Surfaces (ft.²)			ft.²	ft.²
		(B) + (C) + (D) Total Area of All Impervious Surfaces (ft.²)			ft.²	ft.²
	Total Area of All Impervious Surfaces (%)			%	%	
	Divide total area of all impervious surfaces by lot area total (i.e., [(B) + (C) + (D)] ÷ (A))					
Storm Water Mgmt. Plan Required Per Sec. 23.09.				Check (✓) which applies		
REQUIRED if Total Area of All Impervious Surfaces is more than District maximum OR the site doesn't meet Sec. 23.09(A)(2)						
NOT REQUIRED if Total Area of All Impervious Surfaces is less District maximum AND the site meets Sec. 23.09(A)(2)						

Form Completed By: _____

Date _____