CHARTER TOWNSHIP OF COMSTOCK

ZONING COMPLIANCE VERIFICATION LETTER APPLICATION

6138 King Highway, P.O. Box 449, Comstock, MI 49041-0449
Website: www.comstockmi.gov Phone: (269) 381-2360 Fax: (269) 381-4328

ZONING VERIFICATION LETTER(S) (ZVL)

Zoning Verification Letters requested by submittal of this Application Form will consist only of information pertaining to Zoning or Municipal Ordinance as follows:

1. Verification of Zoning District/Classification (i.e. "R-1A", Single Family District)
2. Open Zoning Ordinance violations only.
3. Open Municipal Ordinance violations only.
4. Conforming Use Determination
   a) if non-conforming use determined, is use legal and non-conforming
   b) the use has/has not been determined.

All other information will require submittal of a separate FOIA Request Form to the Township Clerk. This form is available on our website at www.comstockmi.gov or at the Township office.

PROJECT/PROPERTY LOCATION INFORMATION

Address (Street #)	Street Name	Parcel ID No.
Lot/Unit Number	Plat/Condominium Name	

DESCRIPTION OF CURRENT AND/OR INTENDED USE

APPLICANT INFORMATION

APPLICANT IS THE: ☐ **Owner** ☐ **Lessee** ☐ **Optionee** ☐ **Contractor/Architect**

Last Name	First Name	Telephone Number
Mailing Address		Cell Number
City, State, Zip	E-mail Address	Facsimile Number

OWNER INFORMATION (if different than applicant):

Last Name	First Name	Telephone Number
Mailing Address		Cell Number
City, State, Zip	E-mail Address	Facsimile Number

AUTHORITY TO FILE APPLICATION

I hereby agree to conform to all applicable laws and regulations of the Charter Township of Comstock, County of Kalamazoo and State of Michigan (as may be applicable to my request), and certify that the above information and work described on this application and accompanying documents are complete, true and accurate to the best of my knowledge. The site/plot plan is accurate as drawn and/or dimensioned.
APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER. If other than property owner, attach authorization form.

Applicant Signature: _____	Date_____
Property Owner Signature: _____	Date_____

DEPARTMENT USE ONLY

Date Received:_____ Staff:_____

Legal Non-Conforming Lot? □ Yes □ No

- ☐ Zoning Administrators Action on Application:

- ☐ Completed
- ☐ Incomplete-Returned to Applicant
- ☐ Requires FOIA Form submitted to Township Clerk for future processing.

Conditions:

Comments or Reason for Denial:

Zoning Official: _____(Signature) Date: _____

Required Fee: $50.00/Per ZVL ZCP Application	Check No.: _____	Cash/Receipt # (If any):_____ Initials: _____

Copies to: Township File, Township Assessor