



**CHARTER TOWNSHIP OF COMSTOCK
ZONING COMPLIANCE PERMIT APPLICATION**

6138 King Highway, P.O. Box 449, Comstock, MI 49041-0449

Website: www.comstockmi.gov

Phone: (269) 381-2360

Fax: (269) 381-4328

This application for a Zoning Compliance Permit (ZCP) is required as outlined under Section 27.02.A. of the Charter Township of Comstock Zoning Ordinance and filed with the Township's Zoning Administrator. Each zoning compliance permit shall become null and void within one (1) year following the issuance of the permit unless the provisions of the permit have been utilized or unless re-application is made and approved by the Zoning Administrator.

The ZCP shall be signed by the person, firm, co-partnership or corporation requesting the same, or by the duly authorized agent of such person, firm, co-partnership or corporation, as outlined under Sec. 27.02.B of the Township Zoning Ordinance.

**PLEASE PROVIDE A COMPLETE ZCP APPLICATION, \$25 PERMIT FEE AND ALL NECESSARY SIGNATURES.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

PROPOSED PROJECT INFORMATION					
<input type="checkbox"/> New Construction¹	<input type="checkbox"/> Addition¹	<input type="checkbox"/> Deck(s)¹	<input type="checkbox"/> Fence¹	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Accessory Building¹	<input type="checkbox"/> Swimming Pool¹	<input type="checkbox"/> Agricultural Building(s)¹			_____

¹ Complete the pertinent supplemental information section(s) that may apply.

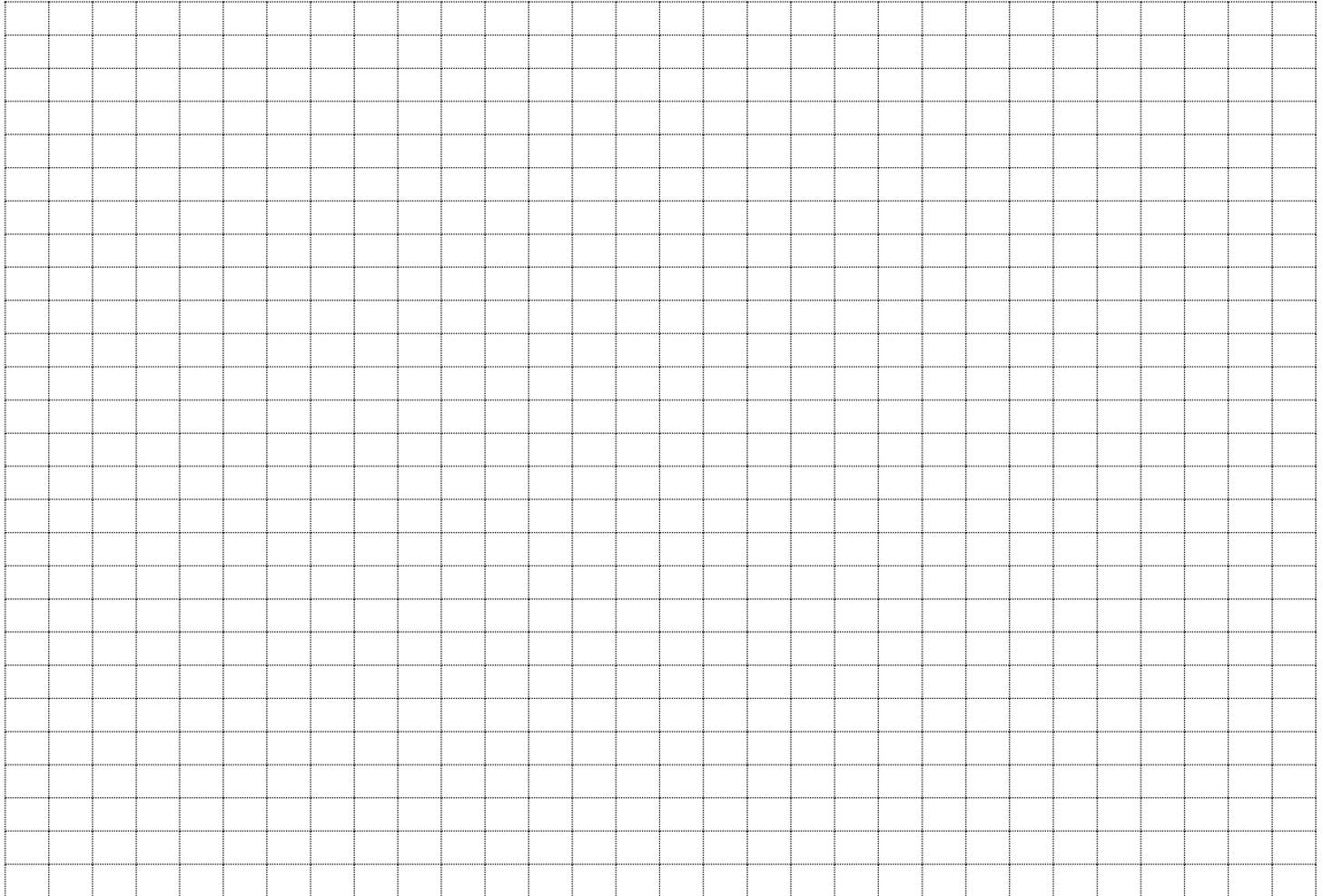
PROJECT/PROPERTY LOCATION INFORMATION		
Address (Street #)	Street Name	Parcel ID No.
Lot/Unit Number	Plat/Condominium Name	
DESCRIPTION OF CURRENT AND/OR INTENDED USE		

APPLICANT INFORMATION		
APPLICANT IS THE: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Optionee <input type="checkbox"/> 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

SITE/PLOT PLAN

- Separate Site Plan Attached, **OR**
- Include on Plan Below:
 1. Lines and dimensions
 2. Rivers, lakes or streams within 500 ft.
 3. Road ROW, access or utility easements.

4. Location upon the lot of and size of all existing and proposed structures on the property and streets.
5. Locate all drives and parking areas.
6. Place North arrow
7. Indicate exterior walls to be removed/replaced (remodel & expansions)



Sample of Plot Plan:

1) Include North Arrow

2) Indicate the total # of feet where  is shown on the sample (where applicable)

