



# White Pigeon Township

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16975 US 12 White Pigeon, MI 49099

## Zoning Inspection Request Step # 1

*Owner(s) must sign the Disclaimer and the front sheet of the Zoning Inspection Request.*

You must provide a tax number for the property where the construction is proposed.

Complete the front sheet of the Zoning Inspection Request. Skip the back as this is for the Zoning Administrator's use.

Follow and do everything on the instruction sheet before turning in the request.

One mistake commonly made is omitting the distances from existing buildings to proposed construction and from the existing and proposed construction to property lines. In addition, the length of each property line needs to show on the drawings.

Turn in to our office: the Zoning Inspection Request, the drawing, and the \$60.00 fee.

I will call the phone number you provide on the Zoning Inspection Request sheet and speak with a person or leave a message informing you of an approval or denial. If you want us to contact the contractor, still put your phone number along with the contractor's name and number.

The rest of the building permit packet will be given to you when you return with your completed Zoning Inspection Request and \$60.00.

**ZONING INSPECTION FEE AS OF 07/05/05**

**A ONE (1) TIME FEE OF \$60 FOR EACH ZONING INSPECTION REQUEST IS DUE UPON RETURN OF APPLICATION TO THE WHITE PIGEON TOWNSHIP OFFICE**

**ZONING ADMINISTRATOR WILL REVIEW SITE PLAN & INSPECT PROPERTY FOR ZONING COMPLIANCE BEFORE APPROVAL IS GIVEN**

**APPROVAL OF ZONING COMPLIANCE IS NEEDED BEFORE A BUILDING PERMIT CAN BE ISSUED**

**ALL PROPERTY LINES MUST REMAIN STAKED FOR ZONING ADMINISTRATOR'S USE IN MEASURING SET BACKS**

**BEFORE FOOTERS ARE POURED CONTACT WHITE PIGEON TOWNSHIP OFFICE FOR A SET BACK INSPECTION 483.7043**

**SET BACK INSPECTION MUST TAKE PLACE AND MUST BE APPROVED BEFORE RESUMING CONSTRUCTION PROCESS**

**AFTER PLACING ANY "REMOVABLE" STRUCTURE ON PROPERTY CONTACT THE ZONING ADMINISTRATOR FOR A SET BACK INSPECTION AND APPROVAL  
EXAMPLE: CARPORT, SHED, ETC**

**NON-COMPLIANCE COULD RESULT IN A STOP WORK ORDER BEING PLACED ON PROJECT OR POSSIBLE REMOVAL OF STRUCTURE**

**ZONING APPROVAL EXPIRES AT 6 MONTHS! YOU MUST ACQUIRE PERMIT BY THAT TIME \*OR\* RE-APPLY FOR ZONING APPROVAL**

**ZONING INSPECTION REQUEST**

**APPLICATION FOR CERTIFICATE OF APPROVAL / TOWNSHIP ZONING ORDINANCE**

TAX NUMBER 75-016- DATE \_\_\_\_\_

NAME OF APPLICANT(S) \_\_\_\_\_

1. **MUST HAVE A DIAGRAM SHOWING DIMENSIONS AND LOCATIONS OF ALL EXISTING AND PROPOSED STRUCTURES**

2. TYPE OF WORK OR STRUCTURE \_\_\_\_\_

3. ESTIMATED COST OF WORK \$ \_\_\_\_\_

4. PURPOSE FOR WHICH STRUCTURE IS DESIGNED \_\_\_\_\_

5. LOT SIZE \_\_\_\_\_

6. BUILDING SIZE AND HEIGHT \_\_\_\_\_

7. LOCATION OF PROJECT ON LAND - SETBACKS

WATERFRONT RES - FRONT: FEET FROM WATERFRONT \_\_\_\_\_

WATERFRONT RES - REAR: FEET From Roadside Lot Line \_\_\_\_\_

WATERFRONT RES - SIDE: FEET FROM EACH SIDE LINE \_\_\_\_\_

&

**OR** NON-WATERFRONT - FRONT: FEET From Roadside Lot Line \_\_\_\_\_

NON-WATERFRONT - REAR: FEET FROM REAR LOT LINE \_\_\_\_\_

NON-WATERFRONT SIDE: FEET FROM EACH SIDE LINE \_\_\_\_\_

&

8. ZONED - CHECK ONE  RURAL RES  WATERFRONT RES  MED DENSITY RES

AGRICULTURAL  MFG HOME PARK  COMMERCIAL  INDUSTRIAL

9. APPROXIMATE DATE OF COMMENCING WORK \_\_\_\_\_

10. APPROXIMATE DATE OF COMPLETION \_\_\_\_\_

11. LOCATION / ADDRESS OF PROPERTY \_\_\_\_\_

12. OWNER(S) INFORMATION:

NAME(S) \_\_\_\_\_

MAILING ADDRESS WITH STREET / P.O.B. \_\_\_\_\_

CITY / ST / ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

\*\*\* ALT CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

13. CALL ZONING ADMINISTRATOR FOR SET BACK COMPLIANCE

**INSPECTION AS STATED ON COVER SHEET**

I (we) the undersigned fully understand that acceptance and/or approval of this application for zoning and/or building permit(s) does not confer approval by any other municipal entity. We fully understand that the use of a septic system or other on site sewage disposal system and/or preparation for the use of such system, is the full responsibility of the applicant. Applicant is advised to contact the Branch, Hillsdale and St. Joseph County Health Department for a determination whether a "change in use" permit is required.

I hereby grant permission for any White Pigeon Township Office to enter the above described property for the purpose of gathering information related to this application. I certify that I will abide by all regulations of the White Pigeon Township ordinance and other applicable laws and requirements.

OWNER(S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PROPERTY OWNER(S) MUST SIGN THIS FORM OR IT WILL NOT BE ACCEPTED**

Called: Approved Denied / / \_\_\_\_\_

Set Back Inspection: Approved Denied / / \_\_\_\_\_

*For Zoning Administrator's Use*

**CERTIFICATE OF ZONING APPROVAL  
WHITE PIGEON TOWNSHIP**

IT APPEARS FROM THE APPLICATION FILED THAT THE PROPOSED WORK CONFORMS TO THE REQUIREMENTS OF THE WHITE PIGEON TOWNSHIP ZONING ORDINANCE. A PERMIT MAY BE ISSUED, SUBJECT TO CODE REQUIREMENTS. A CERTIFICATE OF APPROVAL IS GRANTED.

\_\_\_\_\_  
DATE

*For building permit only*

\_\_\_\_\_  
ZONING ADMINISTRATOR

OR ASSISTANT TO ZONING ADMINISTRATOR

IT APPEARS FROM THE APPLICATION THAT THE PROPOSED WORK **DOES NOT** CONFORM WITH THE REQUIREMENTS OF THE WHITE PIGEON TOWNSHIP ZONING ORDINANCE. **COMMENTS:**

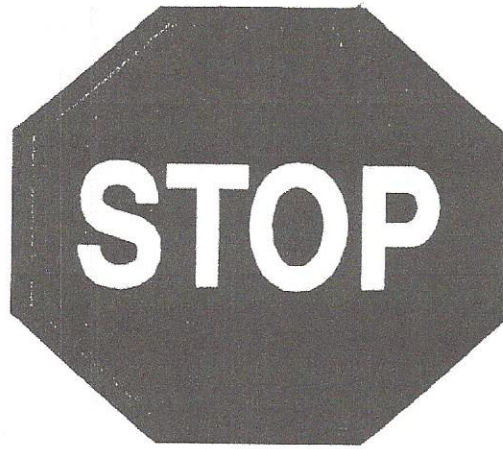
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

*For building permit only*

\_\_\_\_\_  
ZONING ADMINISTRATOR

OR ASSISTANT TO ZONING ADMINISTRATOR



**IN ORDER FOR THE ZONING INSPECTOR TO CONSIDER YOUR APPLICATION YOU MUST:**

1. Include with your application a plat drawing of the property. This drawing **MUST** show the location of existing and proposed structures on the property, their dimensions **AND** distances from property lines and from other structures.
2. Have your property lines staked out prior to handing in your application.
3. Turn in a **FULLY** completed Zoning Inspection Request application.

**\*\*\*\*\***Items 1 through 12, the owner(s) signature, and date lines **CANNOT** be left blank.

**SITE OR PLOT PLAN - For Applicant Use**

Blank area for drawing the site or plot plan.

Indicate direction of North  
within the circle.





## White Pigeon Township

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### Disclaimers:

AT THE TOWNSHIPS DISCRETION a registered survey maybe required. By this we mean that you have a professional surveyor survey your property and prepare a staked survey showing the exact location of the proposed improvements and the property lines of your parcel/lot. Zoning approval based on a drawing that inaccurately shows the location of your property lines and/or the proposed improvements and /or zoning approval based on improperly marked property lines will provide you with no protection from further proceedings by the Township and /or your neighbors if the improvements as constructed are in violation of Township laws.

Any change in plans including, but not limited to: size, height, or bulk **MUST** be re-submitted for approval, to the White Pigeon Township Zoning Administrator, **BEFORE** continuing construction.

**Signature of Owner(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*Changes may result in added fees for building permit and any property variances as may be required by law.**