

GENOA TOWNSHIP LAND USE PERMIT REQUIREMENTS



Three copies of the construction plans (folded if large)



Three copies of the site or plot plan showing the following: dimensions of property; all roads adjacent to property, easements, wetlands, lakes and streams, all structures, existing or proposed wells, septic tanks and fields, dimensions from buildings to property line, dimensions of proposed building including building elevations (folded if large)



Completed Land Use Permit Application form



Completed Meter Form (New Construction Only)

LAND-USE PERMIT FEES

(Payments accepted in check or cash only)

Mass Grading.....	\$150.00
Commercial / Industrial.....	\$150.00*
Sign.....	\$ 75.00
Residential New Construction/Addition.....	\$ 75.00*
Accessory Building.....	\$ 50.00
Deck/Fence/Swimming Pool.....	\$ 50.00

**Where applicable, connection and meter fees will also be required at the time of land use permit issuance.*

**AFTER OBTAINING A LAND USE PERMIT, YOU MUST
CONTACT THE LIVINGSTON COUNTY BUILDING
DEPARTMENT AT (517) 546-3240 TO PULL A BUILDING
PERMIT.**

If you have any questions, please call the Genoa Township Offices at (810) 227-5225.



Residential Land Use Permit

Genoa Charter Township • 2911 Dorr Rd. • Brighton, MI 48116
 Phone (810) 227-5225 • Fax (810) 227-3420 • www.genoa.org

PERMIT NO. _____

1. PROJECT INFORMATION					
Site Address:				Acreage:	
2. OWNER/APPLICANT INFORMATION					
Owner Name:			Phone No.: <input type="checkbox"/>		
Owner Address:		City:	State:	Zip:	
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee/Renter <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Other:					
Applicant name:			Phone No.: <input type="checkbox"/>		
Applicant Address:		City:	State:	Zip:	
3. TYPE OF IMPROVEMENT					
A. Principal Structure					
<input type="checkbox"/> New Single Family		<input type="checkbox"/> New Multiple Family		<input type="checkbox"/> Addition to Existing Building	
<input type="checkbox"/> Other:		<input type="checkbox"/> Grading/Site Work			
<hr/>					
B. Accessory Structure					
<input type="checkbox"/> Fence		<input type="checkbox"/> Deck		<input type="checkbox"/> Detached Accessory (garage, shed, pole barn)	
<input type="checkbox"/> Pool/Hot Tub		<input type="checkbox"/> Other:			
<hr/>					
4. PROPOSED SETBACK AND DIMENSIONAL INFORMATION					
A. Proposed Principal Structure Setbacks (in feet)					
Front: _____ (measured from front property line, right-of-way line or private road easement, whichever is less)					
Rear:	Least Side:		Side:	Water/Wetland:	
B. Proposed Accessory Structure Setbacks (in feet)					
Front:	Least Side:	Side:	Rear:	Water/Wetland:	Distance from Principle Structure:
C. Proposed Building/Improvement Dimensions					
Size of Building/Improvement: _____ square feet			Height: _____ feet		
6. SIGNATURE OF APPLICANT					
I hereby certify that all information attached to this application are true and accurate to the best of my knowledge. I 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 the authorized agent and agree to conform to all applicable ordinances of Genoa Township. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.					
Signature of Applicant:			Printed Applicant name:		Date:
▽ FOR OFFICE USE ONLY ▽					
FLOODPLAIN					
Floodplain:		Panel #:		Zone #:	
ASSESSING APPROVAL					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Approved by:		Date:	
ZONING APPROVAL		Parcel I.D. No.:		Zoning:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Approved by:		Date:	
Comments/Conditions:					
ZBA	Case #/Approval date:			Conditions:	
3. FEES					
Land Use:	\$	Water/Sewer:	\$	/	Meter: \$



GENOA TOWNSHIP ASSESSING DEPARTMENT PERMIT NO. _____
REQUIRED LAND USE INFORMATION FORM
 2911 Dorr Road ❖ Brighton, Michigan 48116
 Phone: (810) 227-5225 ❖ Fax: (810) 227-3420 ❖ www.genoa.org

1. PROJECT INFORMATION									
Site Address:				Parcel I.D. No.:			Zoning:		
2. OWNER/APPLICANT INFORMATION									
Owner Name:					Phone No.:				
Owner Address:					City:		State:		Zip:
Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____									
Applicant Name:					Phone No.:				
Applicant Address:					City:		State:		Zip:
3. TYPE OF IMPROVEMENT									
A. <u>Principal Structure</u>									
<input type="checkbox"/> Single Family			<input type="checkbox"/> Multi-Family			<input type="checkbox"/> Addition to Existing Building			
B. <u>Accessory Structure</u>									
<input type="checkbox"/> Fence			<input type="checkbox"/> Deck		<input type="checkbox"/> Detached Accessory (garage, shed, pole barn)			<input type="checkbox"/> Sunroom	
<input type="checkbox"/> Pool/Hot Tub:			<input type="checkbox"/> Above ground		<input type="checkbox"/> In ground				
C. <u>Value of Improvement:</u> \$ _____									
4. SELECTED CHARACTERISTICS OF IMPROVEMENT									
Building Style		<input type="checkbox"/> Ranch			<input type="checkbox"/> 1.5 Story			<input type="checkbox"/> 2 Story	
Frame		<input type="checkbox"/> Masonry, Wall Bearing		<input type="checkbox"/> Wood Frame		<input type="checkbox"/> Structural Steel		<input type="checkbox"/> Reinforced Concrete	
Exterior		<input type="checkbox"/> Brick		<input type="checkbox"/> Stone		<input type="checkbox"/> Siding		<input type="checkbox"/> Wood	
Foundation		<input type="checkbox"/> Basement			<input type="checkbox"/> Crawl			<input type="checkbox"/> Slab	
Area		New Building Square Footage:				Addition Square Footage:			
Bedrooms		No. of:							
Bathrooms		No. of Full:		No. of Half:		No. of Sinks:		No. of Showers	
Basement		Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No	Finished Square Footage:		Basement Baths-	No. of Full:		No. of Half:
Central Air		<input type="checkbox"/> Yes <input type="checkbox"/> No				Fire Suppression		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fireplace		<input type="checkbox"/> Direct Vent			<input type="checkbox"/> Pre-fab		<input type="checkbox"/> Other:		
Garage		<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	Height: feet		Depth: feet		Width: feet	
Inground Pool		<input type="checkbox"/> Fiberglass			<input type="checkbox"/> Gunit			<input type="checkbox"/> Plastic	
Accessory Structure		Height: feet	Depth: feet	Width: feet		Flooring-	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Wood
5. APPLICANT SIGNATURE									
I hereby certify that all information attached to this application is true and accurate to the best of my knowledge. I 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 the authorized agent and agree to conform to all applicable ordinances of Genoa Township. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.									
Signature of Applicant:					Date:				



GENOA TOWNSHIP - METER FORM

2911 Dorr Road ❖ Brighton, Michigan 48116

Phone: (810) 227-5225 ❖ Fax: (810) 227-3420

TO BE COMPLETED BY APPLICANT

Site Address: _____

Subdivision: _____ Parcel I.D. No.: _____

Owner Name: _____ Address: _____ Phone: _____

Applicant is: Contractor Lessee Architect/Engineer Owner Other: _____

Applicant name: _____ Address: _____ Phone: _____

The Meter Package must be paid for when the Land Use Permit is issued.
 A plumbing permit is required for the installation of a water meter. Please contact the Livingston County Building Department at (517) 546-3240.
 You, the applicant, are required to contact the Utility Department at (517) 545-1339 to schedule a meter installation appointment. You must call at least **1-week prior to wanting the meter(s) installed.**
 Applicant has read and agrees to the above instructions:

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Meter Size: _____	Meter Package Fee: \$ _____
Number of REU's: _____	Water Tap Fee: \$ _____
	Sewer Tap Fee: \$ _____
<u>Check if Applicable:</u>	Iron Removal Fee: \$ _____
<input type="checkbox"/> Sewer Hookup Only	Sewer Clean Out: \$ _____
<input type="checkbox"/> New Construction	Water New User: \$ _____
<input type="checkbox"/> Existing Home	Land use fee: \$ _____
<input type="checkbox"/> Replacement Horn	TOTAL PAID \$ _____
	Cash or Check No. _____
Land Use Permit No. _____	District: _____

Copy faxed on (date): _____ by (initial): _____.



GENOA TOWNSHIP - IRRIGATION METER

2911 Dorr Road ❖ Brighton, Michigan 48116

Phone: (810) 227-5225 ❖ Fax: (810) 227-3420

TO BE COMPLETED BY APPLICANT

Site Address: _____

Subdivision: _____	Parcel I.D. No.: _____
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Owner Name: _____	Address: _____	Phone: _____
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Applicant is: Contractor Lessee Architect/Engineer Owner Other: _____

Applicant name: _____	Address: _____	Phone: _____
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A plumbing permit is required for the installation of a water meter. Please contact the Livingston County Building Department at (517) 546-3240.

If you have an existing sprinkler system please verify whether or not you have a back flow preventer. If you do not have an existing sprinkler system or if your system does not have the backflow preventer, you will need to purchase the irrigation package which includes a Pressure Vacuum Breaker (PVB). The PVB must be installed and certified by a licensed master plumber. Once the horn and back flow prevention have been installed, you are required to contact the MHOG Utility Department at (517) 545-1339 to schedule a meter installation appointment. Please note that the meter will not be installed without proper back flow prevention.

You must call at least 1-week prior to wanting the meter(s) installed.

Applicant has read and agrees to the above instructions:

Applicant Signature: _____	Date: _____
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FOR OFFICE USE ONLY

Meter Size: _____ Existing Sprinkler: Yes No

District: _____

Meter Package (with PVB) Fee: \$ _____

Meter Package (without PVB) Fee: \$ _____

Total Paid: \$ _____

Cash or Check No. _____

Copy faxed on (date): _____ by (initial): _____.