

# 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:
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### 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

<b>A. Principal Structure</b>			
<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Multiple Family	<input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> Grading/Site Work
<input type="checkbox"/> Other: _____			
<b>B. Accessory Structure</b>			
<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: _____			

### 4. PROPOSED SETBACK AND DIMENSIONAL INFORMATION

<b>A. Proposed Principal Structure Setbacks (in feet)</b>					
Front: _____ (measured from front property line, right-of-way line or private road easement, whichever is less)					
Rear:	Least Side:	Side:	Water/Wetland:		
<b>B. Proposed Accessory Structure Setbacks (in feet)</b>					
Front:	Least Side:	Side:	Rear:	Water/Wetland:	Distance from Principle Structure:
<b>C. Proposed Building/Improvement Dimensions</b>					
Size of Building/Improvement: _____ square feet			Height: _____ feet		

### 6. SIGNATURE OF APPLICANT

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:	Printed Applicant name:	Date:
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### ▽ FOR OFFICE USE ONLY ▽

<b>FLOODPLAIN</b>					
Floodplain:	Panel #:		Zone #:		
<b>ASSESSING APPROVAL</b>					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approved by:		Date:		
<b>ZONING APPROVAL</b>		Parcel I.D. No.:	Zoning:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approved by:		Date:		
<b>Comments/Conditions:</b>					
ZBA	Case #/Approval date:	Conditions:			
<b>3. FEES</b>					
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

<b>1. PROJECT INFORMATION</b>									
Site Address:				Parcel I.D. No.:				Zoning:	
<b>2. OWNER/APPLICANT INFORMATION</b>									
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:	
<b>3. TYPE OF IMPROVEMENT</b>									
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> \$ _____									
<b>4. SELECTED CHARACTERISTICS OF IMPROVEMENT</b>									
<b>Building Style</b>	<input type="checkbox"/> Ranch			<input type="checkbox"/> 1.5 Story			<input type="checkbox"/> 2 Story		
<b>Frame</b>	<input type="checkbox"/> Masonry, Wall Bearing			<input type="checkbox"/> Wood Frame		<input type="checkbox"/> Structural Steel		<input type="checkbox"/> Reinforced Concrete	
<b>Exterior</b>	<input type="checkbox"/> Brick			<input type="checkbox"/> Stone		<input type="checkbox"/> Siding		<input type="checkbox"/> Wood	
<b>Foundation</b>	<input type="checkbox"/> Basement			<input type="checkbox"/> Crawl			<input type="checkbox"/> Slab		
<b>Area</b>	New Building Square Footage:					Addition Square Footage:			
<b>Bedrooms</b>	No. of:								
<b>Bathrooms</b>	No. of Full:			No. of Half:		No. of Sinks:		No. of Showers	
<b>Basement</b>	Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No		Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No		Finished Square Footage:		<b>Basement Baths-</b>		No. of Full:      No. of Half:
<b>Central Air</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Fire Suppression</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fireplace</b>	<input type="checkbox"/> Direct Vent			<input type="checkbox"/> Pre-fab			<input type="checkbox"/> Other:		
<b>Garage</b>	<input type="checkbox"/> Attached <input type="checkbox"/> Detached		Height:      feet		Depth:      feet		Width:      feet		
<b>Inground Pool</b>	<input type="checkbox"/> Fiberglass			<input type="checkbox"/> Gunite			<input type="checkbox"/> Plastic		
<b>Accessory Structure</b>	Height:      feet		Depth:      feet		Width:      feet		<b>Flooring-</b>		<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Wood
<b>5. APPLICANT SIGNATURE</b>									
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: \$ \_\_\_\_\_

**Check if Applicable:**

Iron Removal Fee: \$ \_\_\_\_\_

☐ Sewer Hookup Only

Sewer Clean Out: \$ \_\_\_\_\_

☐ New Construction

Water New User: \$ \_\_\_\_\_

☐ Existing Home

Land use fee: \$ \_\_\_\_\_

☐ 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.: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant is: ☐ Contractor ☐ Lessee ☐ Architect/Engineer ☐ Owner ☐ Other: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

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): \_\_\_\_\_.