

GENOA TOWNSHIP NON RESIDENTIAL LAND USE PERMIT REQUIREMENTS



Three copies of the construction plans (folded if large)



Three copies of the site or plot plan as approved by the Genoa Township Board and /or Planning Commission (if applicable) 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(s) 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

**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.

**Non-Residential Land Use Permit**

Genoa Township • 2911 Dorr Rd. • Brighton, MI 48116

Phone (810) 227-5225 • Fax (810) 227-3420 • www.genoa.org

PERMIT NO. _____

1. PROJECT INFORMATION

| | |
|--|---------------|
| Name of Business: | Site Address: |
| Name of retail center/business park (if applicable): | |

2. OWNER/APPLICANT INFORMATION

| | | | | | |
|---|----------------------|--------------------------|------|--------------------------|--------------------------|
| Owners Name: | Owners Phone Number: | | | <input type="checkbox"/> | |
| Owners Address: | City: | State: | Zip: | | |
| Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Other: | | | | | |
| Applicant name: | | Applicants Phone Number: | | | <input type="checkbox"/> |
| Applicants Address: | City: | State: | Zip: | | |

3. TYPE OF IMPROVEMENT☐ New Building ☐ Addition to Existing Building ☐ Tenant Buildout ☐ Grading/Site Work

Describe in detail proposed use of building. If use of existing building is being changed, describe prior use of building. If plans have change since site plan approval, please include an explanation of those changes.

Will the project or facility store or use hazardous substances, oil, salt, pesticides or fertilizers? ☐ Yes ☐ No If yes, please explain:

4. SETBACK AND DIMENSIONAL INFORMATION**A. Building Setbacks (in feet)**

Front (from front property line, right-of-way line or private road easement, whichever is less):

| | | | |
|-------|-------------|-------|----------------|
| Rear: | Least Side: | Side: | Water/Wetland: |
|-------|-------------|-------|----------------|

B. Parking Lot Setbacks (in feet)

| | | | | |
|--------|-------------|-------|-------|----------------|
| Front: | Least Side: | Side: | Rear: | Water/Wetland: |
|--------|-------------|-------|-------|----------------|

C. Building Dimensions

Size of Building or Tenant Space : _____ square feet

Height (measured from grade at the center of the front of the building to the beam height level between eaves and ridge for gable, hip and gambrel roofs): _____ feet

5. 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: |
|-------------------------|-------------------------|-------|

FOR OFFICE USE ONLY

| | | |
|------------------------------------|---|-------------|
| A. TOWNSHIP APPROVALS | <u>Approved</u> | <u>Date</u> |
| Planning Commission/Township Board | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Zoning Board of Appeals | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Construction Plan Review | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

1. ASSESSING APPROVAL

| | | |
|--|--------------|-------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Approved by: | Date: |
|--|--------------|-------|

2. ZONING APPROVAL

| | | |
|--|------------------|---------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Parcel I.D. No.: | Zoning: |
|--|------------------|---------|

| | |
|--------------|-------|
| Approved by: | Date: |
|--------------|-------|

Comments/Conditions:

| |
|--|
| |
| |
| |
| |
| |

3. FEES

| | | | | | | |
|-----------------|----|---------------------|----|------------|--------|----|
| Land Use: | \$ | Water/Sewer: | \$ | / | Meter: | \$ |
| Sewer Clean Out | \$ | MHOG Water New User | \$ | Total Due: | \$ | |



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: |
| Tenant Name: | | Phone No.: | | |
| Tenant Address: | | City: | State: | Zip: |
| 3. TYPE OF IMPROVEMENT | | | | |
| <p>A. <u>Principal Structure</u></p> <p><input type="checkbox"/> New Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Apartments</p> <p><input type="checkbox"/> Tenant Buildout <input type="checkbox"/> Addition to Existing Building</p> <p>B. <u>Accessory Structure</u></p> <p><input type="checkbox"/> Fence <input type="checkbox"/> Detached Accessory Building <input type="checkbox"/> Dumpster enclosure</p> | | | | |
| 4. SELECTED CHARACTERISTICS OF IMPROVEMENT | | | | |
| Building | Height: | Building value: | | |
| 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: | |
| Bathrooms | No. of Toilets: | | No. of Sinks: | |
| Basement | Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No | Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No | Finished Square Footage: | |
| Central Air | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Fire Suppression | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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: \$ _____

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): _____.