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|--|--|--|--------------------------------|--|--------------------------------|---------|--------------------------------|--|--|
| 1. PROJECT INFORMATION   |  |  |                                |  |                                |         |                                |  |  |
| Site Address:  |  |  | Tax I.D. No.:                  |  |                                | Zoning: |                                |  |  |
| 2. OWNER/APPLICANT INFORMATION   |  |  |                                |  |                                |         |                                |  |  |
| Owners Name:   |  |  |                                |  | Owners Phone:                  |         |                                |  |  |
| 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:              |         |                                |  |  |
| Applicants Address:  |  |  | City:                          |  | State:                         |         | Zip:                           |  |  |
| 3. TYPE OF IMPROVEMENT   |  |  |                                |  |                                |         |                                |  |  |
| <div><input type="checkbox"/> Demolition   <input type="checkbox"/> Water and Sewer Connection   <input type="checkbox"/> Interior work/Repairs   <input type="checkbox"/> Driveway</div> <div><input type="checkbox"/> Roofing   <input type="checkbox"/> Basement Finish   <input type="checkbox"/> Other: _____</div>   |  |  |                                |  |                                |         |                                |  |  |
| If interior work is being done, please fill out the following:   |  |  |                                |  |                                |         |                                |  |  |
| <input type="text"/> Square footage of improved area   |  |  | <input type="text"/> Full Bath |  | <input type="text"/> Half Bath |         | <input type="text"/> Fireplace |  |  |
| 6. SIGNATURE OF APPLICANT  |  |  |                                |  |                                |         |                                |  |  |
| I hereby certify that all information and data attached to and made part of this application are true and accurate and to the best of my knowledge and belief. I also 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 her/her authorized agent, and we agree to conform to all applicable laws, codes and ordinances of the State of Michigan and Genoa Township. Private covenants and restrictions are potentially enforceable by private parties. A Land Use Wavier is valid for a period of 12 months from the date of issue. Any modification to location, size, or dimensions must be approved by Genoa Township. |  |  |                                |  |                                |         |                                |  |  |
| Signature of Applicant:  |  |  |                                |  |                                |         | Date:                          |  |  |
| <div></div>  |  |  |                                |  |                                |         | <div></div>                    |  |  |

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| FOR OFFICE USE ONLY  |  |  |  |              |  |  |       |  |  |
| 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 |  |  |  | Approved by: |  |  | Date: |  |  |
| Comments/Conditions:   |  |  |  |              |  |  |       |  |  |
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