

**Paradise Township**  
**Grand Traverse County**  
2300 E. M-113, Kingsley, MI 49649  
231-263-5251 Fax: 231-263-7437

PARCEL CODE 28-10-\_\_\_\_-\_\_\_\_-\_\_\_\_  
LAND USE PERMIT #\_\_\_\_\_  
RECEIVED\_\_\_\_ISSUED\_\_\_\_\_  
DRIVEWAY PERMIT #\_\_\_\_\_  
HEALTH DEPT. PERMIT #\_\_\_\_\_  
FEE \$\_\_\_\_PAID\_\_\_\_CK#\_\_\_\_\_

**APPLICATION FOR LAND USE PERMIT**

All questions must be answered completely for this application to be processed

**OWNER**\_\_\_\_\_  
**ADDRESS**\_\_\_\_\_  
**PROJECT ADDRESS**\_\_\_\_\_  
**GENERAL CONTRACTOR**\_\_\_\_\_

**DATE**\_\_\_\_\_  
**PHONE**\_\_\_\_\_  
**ZONING DISTRICT**\_\_\_\_\_  
**PHONE**\_\_\_\_\_

**SITE PLAN REQUIRED** (either professional drawing or a sketch on the back of this application) indicating proposed location of structure including any decks or porches, location of existing structures, including dimensions, location of existing well and septic systems, location of public/private roads, r/w's, and/or easements, distance from building to property lines, and a north arrow.

**FOR NEW CONSTRUCTION ONLY** – The following permits are needed to issue the Land Use Permit:  
**DRIVEWAY PERMIT REQUIRED Grand Traverse County Road Commission (231) 922-4848**  
**WELL/SEPTIC PERMIT REQUIRED Grand Traverse County Health Dept. (231) 922-4833**

PROPOSED LAND USE: Residential \_\_\_\_ Commercial \_\_\_\_ Industrial \_\_\_\_ Agricultural \_\_\_\_  
TYPE OF STRUCTURE: HOUSE\_\_\_\_ GARAGE\_\_\_\_ POLE BLDG.\_\_\_\_ OTHER\_\_\_\_\_  
Width \_\_\_\_\_ Length \_\_\_\_\_ Wall Height \_\_\_\_\_ # Stories \_\_\_\_\_ Est. Project Cost \$\_\_\_\_\_

SETBACKS: Front \_\_\_\_\_ Ft. Side \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft.  
If applicable, distance from lake, stream, or river \_\_\_\_\_ Ft.  
Minimum setbacks are 35 Ft. from the right of way and 15 Ft. from property lines from the sides and 10 Ft. from the back property line.

**If setbacks are within 5 feet of minimum an on site inspection is required**

**PLEASE COMPLETE THE OTHER SIDE OF THIS APPLICATION**

I hereby depose and say, under penalties of perjury, that all the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. In signing this application you are permitting a representative of Paradise Township to do an on site inspection/s. This permit expires if authorized work is not commenced within one year from date of issue.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner or Authorized Agent

APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_  
Zoning Administrator

<b>CONSTRUCTION DETAILS (New Construction)</b>
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<b>BASEMENT AREA</b> ___ NONE ___ 1/2 ___ 1/4 ___ 3/4 ___ Michigan  <b>FOUNDATION:</b> Concrete Block ___ In. Poured Concrete ___ In.	<b>INTERIOR FLOOR COVERING</b> ___ Carpet ___ Wood ___ Vinyl ___ Other <b>BSMT. OR LOWER</b> _____ Sq. Ft.	<b>BUILT IN ITEMS</b> ___ Dishwasher ___ Fireplace ___ Woodstove ___ Other _____	<b>USE OF BUILDING</b> _____ _____ <b>INTERIOR FINISH</b> ___ Drywall ___ Paneling
<b>FLOOR CONSTRUCTION</b> BSMT. _____ 1st. _____ 2 <sup>nd</sup> _____	<b>NUMBER OF ROOMS</b> Bedrooms _____ Bathrooms _____ Total _____	<b>HEAT TYPE</b> ___ Air ___ Water ___ A/C	<b>CEILINGS</b> ___ Drywall ___ Suspended ___ Wood

**N**

**SKETCH AREA**

**S**

**LAND USE PERMIT FEES**

Single Family Dwelling	\$50.00
With or with a garage or carport	
Modular Home	\$40.00
Multiple Family Dwelling	\$45.00
Garage or Carport	\$30.00
Home Addition	\$40.00
Accessory Building	\$30.00
Swimming Pool	\$30.00
Pole barn/shed	\$30.00

Renewal of expired Land Use Permit 1/2 the original fee  
 Failure to apply if Land Use Permit 2x the original per unit fee

**Please make checks payable to:  
 PARADISE TOWNSHIP**

If you have any questions, please call the Zoning Dept. at 263-5251.