

# Blair Township

ZONING DEPARTMENT

2121 Co. Rd. 633•Grawn, MI 49637•231.276.9263

Applications will NOT be accepted unless ALL information and fully completed application are submitted.

Submit ALL of the following:

1. Completed Application
2. Detailed cover letter of intent stating your request and all pertinent information addressed to the Zoning Administrator

The following information needs to be addressed in that letter:

- a. An accurate description of the subject property.
  - b. A description of the proposed use including number of employees, nature of the proposed use, floor plan sketch, and other general information describing the use.
  - c. A description of existing and proposed parking serving the site, including parking area improvements (paving, landscaping, etc.), existing and contemplated.
  - d. A description of existing and proposed landscaping, sidewalks, and other site amenities.
  - e. A description of buffering (i.e., berms, walls, greenbelts) between the use and adjacent residential properties both existing and proposed.
  - f. A description of site ingress and egress both existing and proposed.
3. Water and Sewer re-occupancy permit (including in packet)
  4. Business Registration (included in packet)
  5. All fees are non-refundable regardless of the decision

-Administrative Review-\$100.00

Re-Occupancy/Administrative Review Application  
Blair Township, Grand Traverse County

## Application for Re-Occupancy/Administrative Review

Parcel Code # \_\_\_\_\_

File# \_\_\_\_\_

Hearing Date \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Received By \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Property Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### A. Present Site Zoning:

Proposed Use: \_\_\_\_\_

Hours of Business: \_\_\_\_\_

Number of Shifts: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Single or Multi Business: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

### B. Existing Site Conditions:

Lot Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Existing Zone Boundaries: \_\_\_\_\_

Existing Street Access: \_\_\_\_\_

Location of existing structures on site and adjacent: \_\_\_\_\_

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By signing, you will allow a representative of the Township to do on-site inspections during Township business hours for the purpose of compliance of your request if a permit is issued.

**DATE:** \_\_\_\_\_

**OWNERS SIGNATURE** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

PLEASE ATTACH ANY FURTHER PERTINENT INFORMATION

Permit # \_\_\_\_\_

**WATER/SEWER PERMIT FOR RE-OCCUPANCY**

Date \_\_\_\_\_

Property # 28-02- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

Service Address \_\_\_\_\_

Owners

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TYPE/USE OF BUSINESS \_\_\_\_\_

**OFFICE USE ONLY**

*USE THIS AREA TO CALC. TRUNKAGE & FOOTAGE*

**WATER**

**SEWER**

Current  
REU Rate \_\_\_\_\_

Current  
REU Rate \_\_\_\_\_

Addtl REU \_\_\_\_\_

Addtl REU \_\_\_\_\_

Benefit Fee \_\_\_\_\_

Benefit Fee \_\_\_\_\_

***Total Due*** \_\_\_\_\_

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**\*\*\* DOES PROPERTY HAVE EXISTING WELL ? \*\*\***

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

IF YES, WILL IT BE RETAINED FOR IRRIGATION? \_\_\_\_\_

**\*IF YES, WE WILL NEED HEALTH DEPT APPROVAL -( # 995-6051 DAN THORELL ) TO ENSURE WELL IS UP TO CURRENT CODES. ALSO, WILL NEED A TOWNSHIP IRRIGATION PERMIT @ \$200.00 FEE IN ADDITION TO AN ANNUAL INSPECTION OF THE IRRIGATION WELL @ \$75.00.**

**\*IF NO, WELL SHALL BE PROPERLY PLUGGED BY AN AUTHORIZED WELL COMPANY AND PAPERWORK TO BE SUBMITTED TO THE TOWNSHIP AND HEALTH DEPARTMENT WITHIN 30 DAYS OF OCCUPANCY.**

Applicant's Affidavit: I/we hereby certify that the above information is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name printed \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

By issuance of this Permit, I certify that all fees due the Township have been paid in full

Issued By \_\_\_\_\_ Date \_\_\_\_\_

LISA GUERRIERI  
WATER DEPARTMENT  
231-276-9263 XT#113  
[WATER@BLAIRTOWNSHIP.ORG](mailto:WATER@BLAIRTOWNSHIP.ORG)  
FAX 231-276-5111

BLAIR TOWNSHIP  
2121 CO RD 633  
GRAWN MI 49637

# Blair Township

ZONING DEPARTMENT

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## Business Registration

Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Property #: 28-02- \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

Contact Person(s)/Manager:

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

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

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

Comments/Miscellaneous Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BLAIR TOWNSHIP EMERGENCY SERVICES**

2121 County Rd. 633, Grawn, MI 49637-9762  
EMS (231) 276-9354 [ems@blairtownship.org](mailto:ems@blairtownship.org)  
FIRE (231) 276-6341 [fire@blairtownship.org](mailto:fire@blairtownship.org)  
Fax (231) 276-6686 [www.blairtownship.org](http://www.blairtownship.org)

**APPLICATION FOR SITE PLAN REVIEW**

\*FIREWORKS SALES OR DISPLAY REQUIRES ADDITIONAL PERMITS, CALL 231-276-9263 Ext. 105 FOR DETAILS

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT PHONE NUMBERS: (BUSINESS) \_\_\_\_\_

(CELL) \_\_\_\_\_ (FAX) \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**SITE INFORMATION**

SPECIFIC USE OF BUILDING: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

MUNICIPAL WATER AVAILABLE :     YES         NO

BUSINESS OR PROJECT NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_