

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 _____

***** 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
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

FIRE (231) 276-6341 fire@blairtownship.org

Fax (231) 276-6686 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) _____

E-MAIL ADDRESS: _____

APPLICANT SIGNATURE: _____

SITE INFORMATION

SPECIFIC USE OF BUILDING: _____

TYPE OF CONSTRUCTION: _____

DATE (S) OF EVENT: _____

FOOD OR VENDOR SALES: YES NO

MUNICIPAL WATER AVAILABLE : YES NO

BUSINESS OR PROJECT NAME: _____

SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

