

HANCOCK TOWNSHIP

ORDINANCE COMPLIANCE APPLICATION / PERMIT

(Not valid until signed by township official)

Applicant to complete all items and return to township supervisor Kenneth Moyle at:

52510 State Highway M203, Hancock, MI 49930

Phone: (906)482-8856

Location / Owner of Project:

| | | | | |
|--------------------------------|-----------------|----------------------|----------------------------|-----------|
| House Number: | Street: | Date of Application: | | |
| Section: | Township/Range: | Lot: | | Lot Size: |
| Directions to site: | | | Property ID Number: | |
| Estimated Cost of Improvement: | | | Approximate Starting Date: | |
| Owner's Name | | | Telephone Number(s): | |
| Mailing Address: | | | | |

Residential

| Type of Improvement: | Proposed Use: | Dimensions/Parking: |
|--|--|---|
| <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Mobile Home <input type="checkbox"/> Prefab/Dble. Wide Home <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____ | <input type="checkbox"/> One Family Home <input type="checkbox"/> Two or More Family, Enter Number of Units _____ <input type="checkbox"/> Addition of Living Space <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage//Storage Bldg. <input type="checkbox"/> Windmill <input type="checkbox"/> Demolition of <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Rental Unit | _____ Number of Stories _____ Number of Bedrooms _____ Number of Bathrooms _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors |

Commercial

| Type of Improvement: | Proposed Use: | Dimensions/Parking: |
|---|---|--|
| <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Other, Specify _____ | <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital/Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Other Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other - Specify _____ | _____ Number of Stories _____ Total square feet of floor area, all floors, based on exterior dimensions Number of Off Street Parking Spaces: _____ Enclosed _____ Outdoors |

Type of Sewage Disposal: ☐ Public or Private Company ☐ Septic System

Type of Water Supply : ☐ Public or Private Company ☐ Private Well

A permit shall become invalid if the authorized work is not commenced within six (6) months after issuance of the permit. **CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.** Please contact the Houghton County Building Dept. at 482-2260 to obtain the building permit.

SITE OR PLOT PLAN - For Applicant Use

**PLEASE INCLUDE: 1)Size of Lot 2)Size of Building and Where Located 3)Location of Existing Buildings
4)Location of Septic, Well, Driveway 5)Distance from Lake or Stream if Applicable**

FOR ADMINISTRATOR USE - DO NOT WRITE BELOW

| | |
|------------------|-----------|
| Hancock Township | |
| Use | |
| Front Yard | |
| Side Yard | Side Yard |
| Rear Yard | |
| Notes: | |

Approved

Disapproved

Signature

Date

EXPIRATION DATE: