



CLINTON COUNTY BUILDING DEPARTMENT

Clinton County Courthouse
100 E. State St. Suite 1300, St. Johns, MI. 48879
Phone: (989) 224-5181/Fax: (989) 227-6492



AGRICULTURAL STRUCTURE AFFIDAVIT OF USE

Assessor's Parcel No.: _____

Owner of Property: _____ Phone: _____

Mailing Address: _____

Contractor's Name: _____ Phone: _____

Mailing Address: _____

License No./Class/Expiration _____

Project Location: _____ Rd. _____ Township _____

Nearest Intersection: _____

Acres of Parcel: _____ Total acres of Operation _____

Type of Farming Operation: _____

Building Size/Description: ____ x ____ wall height: ____ ft. _____

Detail description of building use: _____

ELECTRIC? YES () NO () PLUMBING? YES () NO ()

I understand that the storage of materials not related to the "Farm Operation" is a violation of the Clinton County Zoning Ordinance (OR-01-05) and does not comply with the definition of an Agricultural Use as defined by P.A. 230 of 1972 as amended, which would require a "Change of Use Permit" and a "Building Permit" issued from Clinton County Building Dept.

Owner's Signature _____ **Date** _____

Agricultural ID# _____



LAND USE APPLICATION FORM

Clinton County Zoning Department
100 E. State St. Suite 1300
St. Johns, MI 48879
Phone: 989-224-5181 Fax 989-227-6492

Z	DISTRICT
	" "

PROPERTY OWNER _____ **PHONE:** _____

PROJECT ADDRESS street # _____ **ZIP CODE:** _____

TOWNSHIP _____ **PARCEL ID #** _____

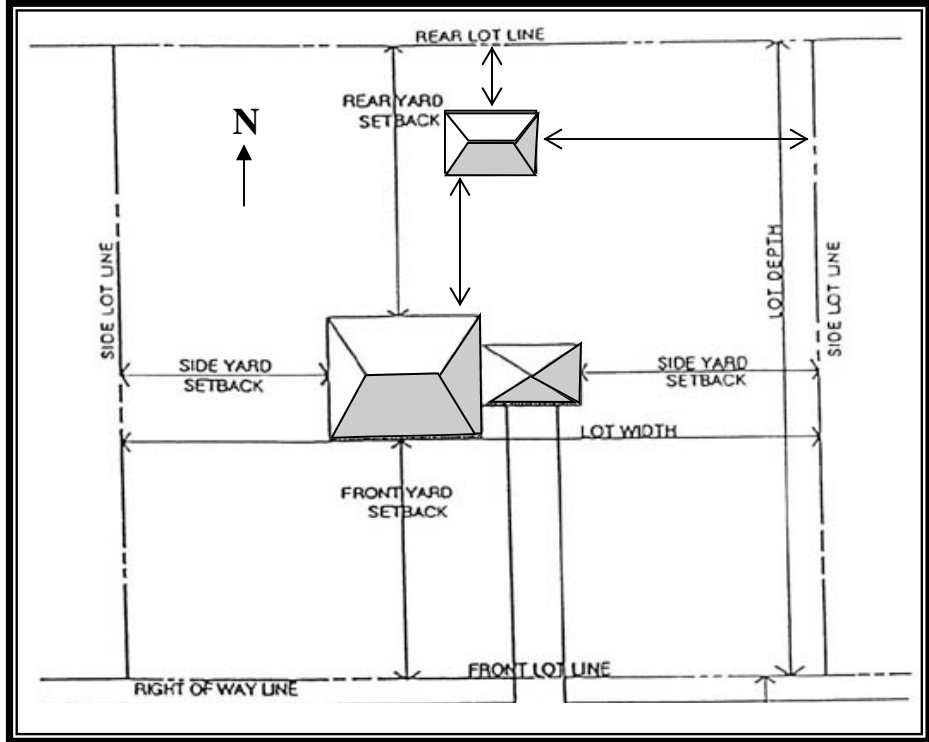
SITE is N S E W, of intersection _____ **SUBDIVISION** _____

DESCRIBE PROPOSED PROJECT: _____

SITE PLAN MUST ACCOMPANY THIS APPLICATION

Site plan must show all of the following:

1. Lot dimensions
2. Adjacent roads public or private
3. Location /size of all buildings new and proposed
4. Front, rear and side yard distances from building to lot lines (front yard is measured from road right of way.)
5. Distance between buildings
6. Driveways, easements new and proposed.
7. Any ponds, waterways or significant landmarks.
8. North Indicator



EXAMPLE SITE PLAN

SITE PLAN MUST ACCOMPANY THIS APPLICATION. IT MAY BE DRAWN ON A SEPARATE SHEET OF PAPER NOT SMALLER THAN 8.5 X 11 INCHES OR MAY BE DRAWN ON THE BACK SIDE OF THIS FORM.

THE OWNER OF THIS BUILDING AND UNDE RSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL THE LAWS OF THE STATE OF MICHIGAN AND THE ZONING RESOLUTION OF CLINTON COUNTY, PERTAINING TO BUILDING, AND TO CONSTRUCT THE PROPOSED BUILDING OR STRUCTURE OR MAKE THE PROPOSED CHANGE OR ALTERATION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith, AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION ARE TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT. BY SIGNING THIS DOCUMENT YOU ALSO AGREE TO COOPERATE WITH THE CLINTON COUNTY BUILDING AND ZONING STAFF, AND ALLOW ACCESS TO ALL PROPERTIES AND STRUCTURES MENTIONED ABOVE.

APPLICANT SIGNATURE: _____ **DATE:** _____

MAKE CHECKS PAYABLE TO: CLINTON COUNTY BUILDING DEPARTMENT

DO NOT WRITE BELOW THIS LINE (OFFICE USE)

BZA RES. NO. _____ DATE: _____		AMENDMENT: CASE NO. & NAME: _____	
COURT CASE NO. _____ DATE: _____		Compliance plan approval date: _____	
APPROVED	DENIED	REASON FOR DENIAL	ZONING FEE: \$50