

Requirements for Signs, Accessory Buildings, Home Occupations & Change of Use

WEST TRAVERSE TOWNSHIP PLANNING COMMISSION
 8001 M-119 PO Box 528 Harbor Springs, MI 49740
 231-526-7361 zoning@westtraversetownship.com

DIRECTIONS TO APPLICANT

ITEMS TO SUBMIT: All items should be submitted to the West Traverse Township Zoning Administrator. If Planning Commission approval is required, items must be submitted at least 15 days prior to the Planning Commission meeting. The regular meeting date is the second Wednesday of each month.

1. **Application for Signs, Change of Use, Accessory Buildings & Home Occupations.**
2. **Plot Plan or Site Plan**, if required.
3. **Plot Plan Checklist or Site Plan Checklist** in accordance with Article 5.

Application Type	Plan Required	Approving Body	Standards in Zoning Ordinance
Signs	Plot Plan	Zoning Administrator	Section 413
Home Occupations ¹	Plot Plan	Zoning Administrator	Section 704
Residential Accessory Building – Major or Minor ²	Plot Plan	Emmet County Office of Planning, Zoning & Construction Resources	Section 407
Non-Residential Accessory Building – Major or Minor ²	Plot Plan	Planning Commission	Section 407
Accessory Building – Modification of Building Standards	Plot Plan	Planning Commission	Section 407
Change of Use in R-1/R-1-A, R-2, or A-1/A-1-A Districts from an existing non-residential use to another non-residential use when there is no more than 5% exterior alteration to building structure, no increase to the number and configuration of parking spaces and no change to the number and configuration of or access drives. Change of use that does not fall under the above require full site plan review – please use the site plan review packet.	Plot Plan	Planning Commission	
Change of Use in C-1 or I-1 District when there is no more than 5% exterior alteration to building structure or no increase to the number and configuration of parking spaces, and no change to the number and configuration of or access drives. Change of use that does not fall under the above require full site plan review – please use the site plan review packet.	Plot Plan	Planning Commission	C-1: Section 309:2 I-1: Section 310:2

¹Home Based Businesses require a Special Land Use Permit. Please use Special Land Use packet.

²Major Accessory Building without a Principal Building requires Special Land Use application. Please use Special Land Use packet.

Application for Signs, Accessory Buildings, Home Occupations & Change of Use

RETURN TO: WEST TRAVERSE TOWNSHIP
 8001 M-119 PO Box 528 Harbor Springs, MI 49740
 PHONE: (231) 526-7361 FAX: (231) 526-0028 EMAIL: zoning@westtraversetownship.com

**NOTE: RETURN ALL RESIDENTIAL ACCESSORY BUILDING APPLICATIONS TO:
 EMMET COUNTY, 3434 Harbor Rd, Suite E, Harbor Springs, MI 49740**

DATE RECEIVED _____	CASE # _____
\$ _____	_____
FEE _____	DATE PAID _____

PLEASE MAKE CHECKS PAYABLE TO WEST TRAVERSE TOWNSHIP

Applicant's Name _____ Phone _____

Applicant's Address _____

Applicant's Email Address _____ @ _____

Owner's Name _____

Owner's Address _____

Owner's Email Address _____ @ _____

JOB SITE LOCATION

Address: _____ Tax Parcel #: _____ - _____ - _____ - _____ - _____

Zoning District: _____

DESCRIBE REQUEST

APPLICATION TYPE

- Sign
- Change of Use Current Use: _____ Proposed Use: _____
- Home Occupation*
- Residential Accessory Building Non-Residential Accessory Building
 - Minor Accessory Building (200 ft² or less)
 - Major Accessory Building (greater than 200 ft²)
 - Modification of Accessory Building Standards

INSPECTIONS

As owner and/or applicant representing the owner, I **do** **do not** authorize West Traverse Township (staff, appointed board, trustees or committee members) to enter upon the subject property for purposes of making inspections related to the project or request identified in this application. If authorized, such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all of the above information is accurate to my fullest knowledge:

_____ Signature of Applicant	_____ Printed Name of Applicant	_____ Date
_____ (Required) Signature of Property Owner	_____ Printed Name of Property Owner	_____ Date

CHECKLIST FOR SIGNS, ACCESSORY BUILDINGS, HOME OCCUPATIONS, AND CHANGE OF USE

PLOT PLAN REVIEW CHECKLIST

Case # _____

Date Received _____

Subject Property Address _____

Subdivision and Lot Number (If Applicable) _____

Proposed Use of Property _____

Proposed Number of Employees _____

Plot Plan Requirements

		Yes	No	N/A	Comments
1	The actual shape, location and dimension of the lot. If the lot is not a lot of record, sufficient survey data to locate the lot on the ground.				
2	The shape, size and location of all buildings or other structures to be erected, altered or moved and of any other buildings or other structures already on the lot.				
3	The existing and intended use of the lot and of all structures upon it.				
4	Location of required setbacks of the zoning district.				
5	The location and configuration of the lot access and driveway drawn to scale.				
6	The location and width of all abutting right-of-ways, easements and public open spaces within or bordering the subject project.				
7	Natural features such as forests, bodies of water, wetlands, high risk erosion areas, slopes over 10%, drainage and other similar features, if determined by the Zoning Administrator to be applicable.				
8	North arrow.				
9	Such other information concerning the lot, adjoining lots or other matters as may be essential for determining whether the provisions of this Ordinance are being observed.				

Applicant's Signature

Date