



**CHARTER TOWNSHIP OF COMSTOCK**

**ZONING COMPLIANCE PERMIT APPLICATION – CHANGE IN USE OF PROPERTY**

**Shipping:** 6138 King Hwy, Kalamazoo MI 49048

**Mailing:** PO Box 449, Comstock, MI 49041-0449

**Website:** [www.comstockmi.gov](http://www.comstockmi.gov)

**Phone:** (269) 381-2360

**Fax:** (269) 381-4328

A Zoning Compliance Permit (ZCP) for the commencement of a use of a property is required as outlined under Section 27.02 of the Charter Township of Comstock Zoning Ordinance and must be filed with the Township’s Zoning Administrator. A ZCP shall become null and void within one (1) year following its issuance unless the provisions of the permit have been utilized or unless re-application is made and approved by the Zoning Administrator.

**PLEASE PROVIDE A COMPLETE APPLICATION, \$25 PERMIT FEE AND ALL NECESSARY SIGNATURES. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

PROJECT/PROPERTY LOCATION INFORMATION		
Street #	Street Name	Parcel ID No. <b>3907-</b> - -

APPLICANT INFORMATION				
<b>APPLICANT IS THE:</b>	<b>Owner</b>	<b>Leasee</b>	<b>Contractor</b>	<b>Other:</b> _____
Last Name	First Name		Telephone Number	
Mailing Address			Cell Number	
City, State, Zip		E-mail Address		Facsimile Number

PROPERTY OWNER INFORMATION (if different than applicant)		
Last Name	First Name	Telephone Number
Mailing Address		Cell Number
City, State, Zip		Facsimile Number

**PROPOSED USE OF THE PROPERTY/BUILDINGS**

*Please describe the nature of the business/use, hours of operation, number of employees on the largest shift, square footage for various uses in the building (a floor plan will suffice), any outdoor activity anticipated, etc.*

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**AUTHORITY TO FILE APPLICATION**

I hereby agree to conform to all applicable laws and regulations of Comstock Township, Kalamazoo County and State of Michigan (as may be applicable to my request), and certify that the above information described on this application and accompanying documents are complete, true and accurate to the best of my knowledge. The site/plot plan is accurate as drawn and/or dimensioned.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER. If other than property owner, attach authorization form.**

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Date \_\_\_\_\_

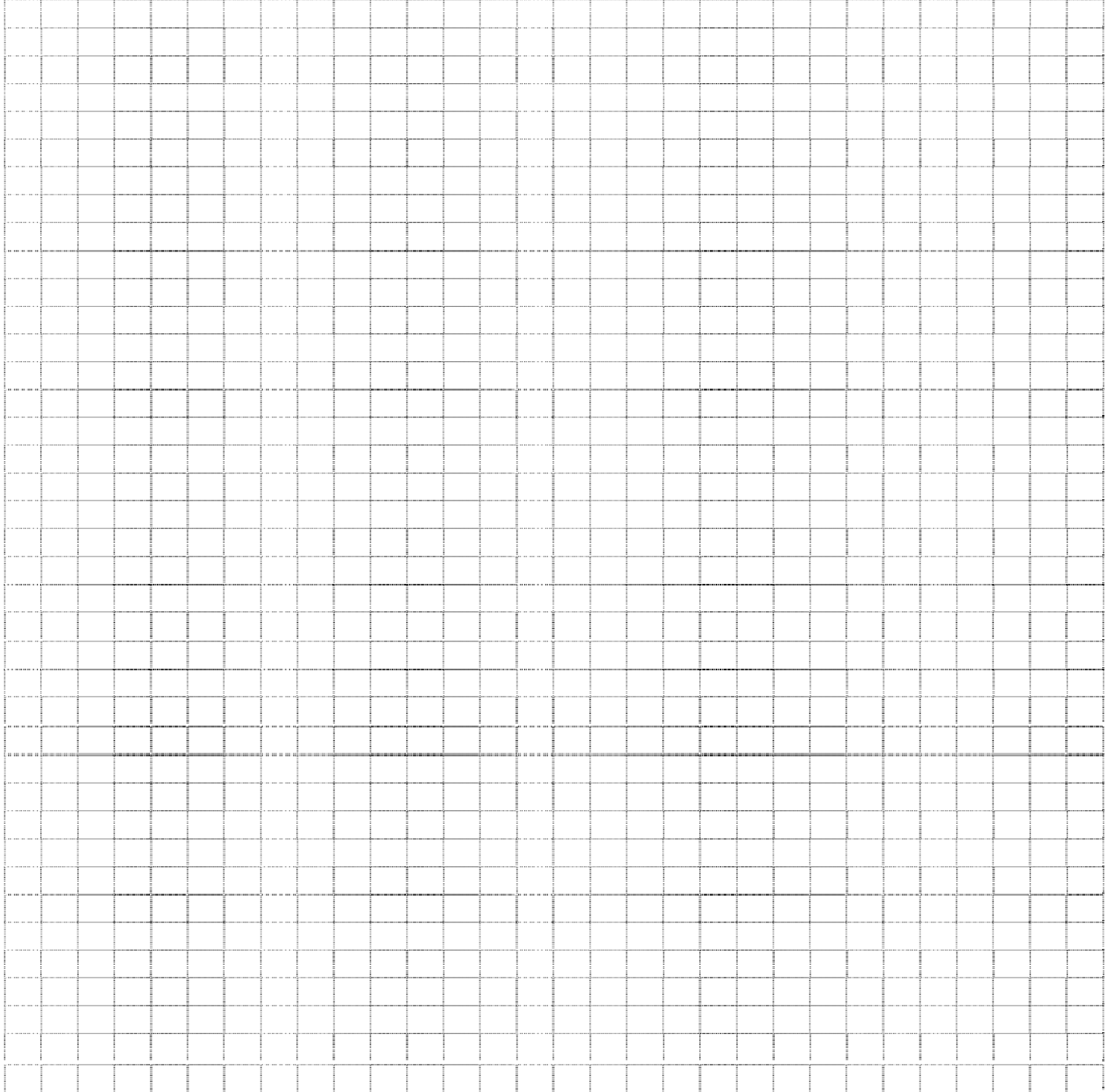
# SITE/PLOT PLAN

Separate Site Plan Attached **OR**

Include on Plan Below:

1. Property lines and dimensions.
2. Location and size of all existing and proposed structures – including dimensions/setbacks from the property lines.

3. Road ROW, access or utility easements.
4. Locate all drives and parking areas.
5. Place North arrow
6. Show rivers, lakes or streams within 500 feet.



<b>DEPARTMENT USE ONLY</b>	Date Received: _____	Staff: _____
<b>CURRENT ZONING DISTRICT(S):</b> _____		<b>ZCP NO.:</b> _____
<p>Legal Non-Conforming Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Floodplain on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <b>Zoning Administrators Action on Application:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Use Approved</b></li> <li><input type="checkbox"/> <b>Use Approved with Conditions</b></li> <li><input type="checkbox"/> <b>Denied</b></li> </ul> <p>Conditions:</p>    <p>Comments or Reason for Denial:</p>    		
Zoning Official: _____ (Signature) Date: _____		
<p><b>* Application will not be reviewed without payment of required fee(s):</b></p> <p><b>Fee: \$25.00</b></p>	Check No.: _____	<p>Cash/Receipt # (If any): _____</p> <p>Initials: _____</p>

Copies to: Township File, Township Assessor, Fire Marshal, KABA (if applicable)