

Mailing address: 21000 F Drive South, Marshall, Mi. 49068
269-781-9222

Zoning Administrator David Malloch 269-579-7436
e-mail: Eckfordzba@outlook.com

www.eckfordtownshipmi.gov Fee \$ 55.00
Make checks payable to Eckford Township,

ZONING PERMIT APPLICATION

A drawing (site plan from a bird's eye view) indication property lines, location of all buildings presently on the property and location of the proposed new structure, must be submitted with this application. Site plan should also include measurements from your new project to: property lines and distances between all buildings. An inspection will not be scheduled until a site plan has been submitted, proof of ownership of property has been provided, the project has been marked in some way (in ground with stakes or on ground with painted markings). Please call our office to request your inspection once all criteria have been met.

Job location address: _____ Name of Owner: _____

Township of Eckford, Calhoun County. Owner Phone # _____

Contractor Name: _____ Address: _____

City _____ Cell # _____ e-mail _____

Type of Job: New [] Alteration [] Remodel [] Addition ()

Single Family House () Single Family House w/Garage () Pole Barn/Detached Garage [] Other []

Project Dimensions: Width _____ Length _____ Height (to highest point) _____

of Floors _____ Property Size _____

Zoning Questions: please circle Yes or No

Does this property have frontage on two roads? Yes No

Does the property have lake frontage? Yes No

Is there a dwelling presently on this property? Yes No

Is there an accessory building presently on this property? Yes No

Is the construction located within 500 feet of a lake, stream or natural body of water? Yes No

Will the construction require the moving of one surface acre or more of land? Yes No

If construction is for accessory building, will it contain animals? Yes No

Responsibilities of Applicant: It is your responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulation, and wetland regulations. I have read acknowledged, and will comply with all of the above and with the land use regulations as determined by the zoning administrator, or will go to the proper board for a variance if necessary.

Applicant Signature: _____ Date: _____

Zoning Officials Signature: _____ Date: _____

**RETURNED CHECKS ARE SUBJECT TO FEES IN ACCORDANCE WITH ECKFORD
TOWNSHIPS RETURNED CHECK POLICY.**