

Application: ONT-14-090-_____

Filing Fee _____

**APPLICATION FOR A CERTIFICATE OF ZONING COMPLIANCE:
ACCESSORY DWELLING UNIT (ADU)**

- Complete this application in full and submit it to the Ontwa Township Zoning Administrator. Approval of this application is required before a Certificate of Zoning Compliance will be issued. It shall be unlawful to construct, enlarge, alter, or occupy an accessory dwelling unit (ADU) until a Certificate of Zoning Compliance has been issued by the Zoning Administrator. **See Section 3.37 of the Ontwa Township Zoning Ordinance for regulations related to Accessory Dwelling Units.**
- The excavation for or erection of a building or structure, prior to the issuance of a Certificate of Zoning Compliance, is in violation of the **Ontwa Township Zoning Ordinance, Article XX**. References to “Section” and “Article” refer to the Zoning Ordinance and may not necessarily identify all parts that apply.
- If the Zoning Administrator shall find that any of the provisions of the Zoning Ordinance are being violated, he shall notify in writing the persons responsible for such violations, indicating the nature of the violation and ordering the action necessary to correct it. He shall order discontinuation of illegal uses of land, buildings, or structures; removal of illegal buildings or structures; discontinuation of any illegal work being done; or shall take any other action authorized by this Ordinance to ensure compliance with, or prevent violations of, its provisions.
- Before obtaining an occupancy permit for an ADU, the property owner shall file with the Zoning Administrator a declaration of restrictions that shall be recorded with the Cass County Register of Deeds, in compliance with **Section 3.37(d)** of the Ontwa Township Zoning Ordinance.

1. Applicant's Name: _____ Phone Number: _____
Address: _____
Street City State Zip

Email Address: _____ Fax Number: _____

2. Are You: Property Owner Owner's Agent Contract Purchaser Lessee/Renter

3. Landowner's Name (if different from applicant): _____ Phone Number _____

4. Address: _____
Street City State Zip

5. Street Address and/or Location of Proposed ADU: _____

6. Parcel Identification Number (Tax I.D. No.): #14-090-_____

7. Zoning of Parcel: _____ Parcel Size: _____

8. Present Use of Property _____ ADU Dimensions: _____

9. Is the property in: Site Condo Subdivision (Name: _____)

10. Deed restrictions on the property: Yes No

11. Public utilities on the property: Yes No

12. Description of proposed ADU (attach additional materials if needed):

Supporting Documents: The items listed below must accompany this application form. Each supporting document must include the name and address of the applicant.

- Proof of ownership of the lot or premises.
- Location, dimensions, and size of the lot or premises.
- A drawing, at a scale of 1" = 100', illustrating the location of the proposed ADU and the distance from all lot lines. The Zoning Administrator may require additional materials to aid in determining whether a proposed use, building, or structure complies with the Zoning Ordinance.
- Proposed deed restrictions (see Section 3.37(d) of the Ontwa Township Zoning Ordinance).

AFFIDAVIT

I (we) the undersigned affirm that the forgoing answers, statements and information and all attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Certificate of Zoning Compliance for, if granted, is issued on the representations made herein and that any Certificate of Zoning Compliance, Building Permit, or Certificate of Occupancy subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned also understand properties containing an ADU may not contain a short-term rental, and that all applicable federal, state, and local regulations shall apply.

(Check one) Applicant(s) Property Owner(s) (if different from applicant)

Signature(s): _____ Date: _____

Type or Print Your Name(s) Here: _____

NOTE: This application, when completed, must be returned to the Ontwa Township Zoning Administrator, located in the Ontwa Township Hall. If you need more information or have questions concerning this application or fees, contact the Zoning Administrator. He is available at the Ontwa Township Hall on Mondays, Tuesdays, and Wednesdays from 9:00am to 2:00pm. He may also be reached by phone at the number above or at (269) 663-2347.

FOR TOWNSHIP USE ONLY

Fee: _____ **Date Paid:** _____

Paid by: Cash Check **Check #:** _____ **Fee paid with Building Permit:** _____

Action Taken: Approved **By:** _____

Denied **By:** _____

Comments: _____
