

**APPLICATION FOR PERMIT FOR TEMPORARY MOBILE HOUSING
ATTACHMENT TO LAND USE PERMIT APPLICATION**

BRING TO:

COHOCTAH TOWNSHIP HALL
10518 ANTCLIFF RD

OR

MAIL TO:

COHOCTAH TOWNSHIP
6950 OWOSSO RD
APPLICANT

NAME _____ APPLICATION DATE _____
MAILING ADDRESS _____ LAND USE APP NUMBER _____
PHONE NUMBER _____ MEETING FEE _____ CASH DEPOSIT _____
FOWLerville, MI 48836

NOTE: TOWNSHIP ORDINANCE (AS DEFINED IN DEFINITIONS "DWELLINGS") STIPULATES THAT A MOBILE HOME MEET "HUD" REQUIREMENTS. GENERALLY, MOBILE HOMES CONSTRUCTED IN 1976 OR LATER MEET THESE REQUIREMENTS.

1. Attach completed Application for Land Use Permit.
2. Attach completed drawings for land use permit and include the location for the temporary mobile home and its distance from the well, septic, drain fields, road, and nearest adjoining property line.
3. Attach a copy of title of mobile home.
4. State make, model, year, and size. _____
5. For temporary mobile housing during construction, state date construction is planned to begin: _____; planned to be completed: _____
6. Have necessary permits for well and septic been obtained? _____
7. Have well and septic system been installed? _____

LOCATION OF THE TEMPORARY MOBILE HOUSING MUST BE AT LEAST 100 FEET FROM ANY PUBLIC HIGHWAY AND/OR ADJOINING PROPERTY LINE. AN ADEQUATE FRESH WATER SUPPLY AND SANITARY FACILITIES MUST BE AVAILABLE ON SITE.

The Township requires that the cash deposit, pursuant to Section 13.10B of the Cohoctah Township Ordinance, must be paid in advance before the Planning Commission will consider this application. **APPLICANT ACKNOWLEDGES AND UNDERSTANDS, AS INDICATED BY THE SIGNATURE BELOW, THAT PAYMENT OF FEES AND CASH DEPOSIT DO NOT GUARANTEE OR IN ANY WAY INDICATE THAT THE TOWNSHIP PLANNING COMMISSION WILL GRANT THE REQUESTED PERMIT.** The Township reserves the right to reject an application based upon failure of the applicant to comply with the terms of the Zoning Ordinance and, if the application is rejected, the Township will refund the deposit forthwith. **APPLICANT FURTHER ACKNOWLEDGES THAT IF THE PERMIT IS GRANTED THE CASH DEPOSIT COULD BE FORFEITED IN ITS ENTIRETY TO THE TOWNSHIP IF APPLICANT FAILS TO COMPLY WITH THE TERMS OF THE PERMIT AND THE ZONING ORDINANCE.**

I hereby depose and state that all the above statements and information contained in this application and any attachments submitted herewith are true and accurate.

SIGNATURE OWNER/APPLICANT _____
DATE: _____

NOTE: *FOR HARDSHIP APPLICATION, PLEASE ATTACH CAUSE FOR NEED AS DETERMINED BY A PHYSICIAN (6.05 b2d)