






GENOA TOWNSHIP

NON RESIDENTIAL LAND USE PERMIT REQUIREMENTS

-  *Three copies of the construction plans (folded, if large)*
-  *Three copies of the site or plot plan as approved by the Genoa Township Board and /or Planning Commission (if applicable) showing the following:
Dimensions of property; all roads adjacent to property, easements, wetlands, lakes and streams, all structures, existing or proposed wells, septic tanks and fields, dimensions from buildings to property line, dimensions of proposed building(s) including building elevations (folded, if large)*
-  *Completed Land Use Permit Application*
-  *Completed Meter Form (new construction only)*
-  *A reduced size .pdf file of all large/architectural plans, sent to Permits@Genoa.org*

LAND-USE PERMIT FEES

(Payments accepted in check or cash only)

Mass Grading.....	\$150.00
Commercial / Industrial.....	\$150.00*
Sign.....	\$ 75.00

**Where applicable, connection and meter fees will also be required at the time of land use permit issuance.*

**AFTER OBTAINING A LAND USE PERMIT,
YOU MUST CONTACT THE LIVINGSTON COUNTY
BUILDING DEPARTMENT AT (517) 546-3240
TO PULL A BUILDING PERMIT.**



Non-Residential Land Use Permit

Genoa Township • 2911 Dorr Rd. • Brighton, MI 48116
 Phone (810) 227-5225 • Fax (810) 227-3420 • www.genoa.org

PERMIT NO. _____

revised 10/09/14

1. PROJECT INFORMATION					
Name of Business:			Site Address:		
Name of retail center/business park (if applicable):					
2. OWNER/CONTRACTOR INFORMATION					
Owner Name:			Owner Phone No: <input type="checkbox"/>		
Owner Address:		City:	State:	Zip:	
Contractor Name:			Contractor Phone No: <input type="checkbox"/>		
Contractor Address:		City:	State:	Zip:	
3. TYPE OF IMPROVEMENT					
<input type="checkbox"/> New Building <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Tenant Buildout <input type="checkbox"/> Grading/Site Work					
Describe in detail proposed use of the building. If use of existing building is being changed, describe prior use of building. If plans have change since site plan approval, please include an explanation of those changes.					

Will the project or facility store or use hazardous substances, oil, salt, pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

4. SETBACK AND DIMENSIONAL INFORMATION					
A. Building Setbacks (in feet)					
Front (from front property line, right-of-way line or private road easement, whichever is less):					
Rear:	Least Side:	Side:	Water/Wetland:		
B. Parking Lot Setbacks (in feet)					
Front:	Least Side:	Side:	Rear:	Water/Wetland:	
C. Building Dimensions					
Size of Building or Tenant Space :			square feet		
Height (measured from grade at the center of the front of the building to the beam height level between eaves and ridge for gable, hip and gambrel roofs):					feet
5. SIGNATURE OF APPLICANT					
I hereby certify that all information attached to this application is true and accurate to the best of my knowledge. I certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent. The owner and applicant agree to conform to all applicable ordinances of Genoa Township. Any modification to location, size or dimensions must be approved by Genoa Township. A Land Use Permit is valid for a period of 12 months from the date of issue. In signing this application, I am permitting an official representative of Genoa Charter Township to do on-site inspections. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.					
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Other:					
Signature of Applicant:		Printed Applicant name:		Date:	
_____		_____		_____	
OFFICE USE ONLY					
A. TOWNSHIP APPROVALS		Approved		Date	
Planning Commission/Township Board		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		_____	
Zoning Board of Appeals		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		_____	
Construction Plan Review		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		_____	
1. ASSESSING APPROVAL					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Approved by:		Date:	
_____		_____		_____	
2. ZONING APPROVAL:					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Parcel I.D. No.:		Zoning:	
_____		_____		_____	
Comments/Conditions					

Date picked up:					

3. FEES					
Land Use:	\$	Water/Sewer:	\$	/	Meter: \$
Sewer Clean Out	\$	MHOG Water New User	\$	Total Due:	\$



1. PROJECT INFORMATION				
Site Address:		Parcel I.D. No.:		Zoning:
2. OWNER/APPLICANT INFORMATION				
Owner Name:		Phone No.:		
Owner Address:		City:	State:	Zip:
Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____				
Applicant Name:		Phone No.:		
Applicant Address:		City:	State:	Zip:
Tenant Name:		Phone No.:		
Tenant Address:		City:	State:	Zip:
3. TYPE OF IMPROVEMENT				
A. Principal Structure <input type="checkbox"/> New Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Apartments <input type="checkbox"/> Tenant Buildout <input type="checkbox"/> Addition to Existing Building				
B. Accessory Structure <input type="checkbox"/> Fence <input type="checkbox"/> Detached Accessory Building <input type="checkbox"/> Dumpster enclosure				
4. SELECTED CHARACTERISTICS OF IMPROVEMENT				
Building	Height:	Building value:		
Frame	<input type="checkbox"/> Masonry, Wall Bearing	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Reinforced Concrete
Exterior	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Siding	<input type="checkbox"/> Wood
Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl	<input type="checkbox"/> Slab	
Area	New Building Square Footage:		Addition Square Footage:	
Bathrooms	No. of Toilets:		No. of Sinks:	
Basement	Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No	Finished Square Footage:	
Central Air	<input type="checkbox"/> Yes <input type="checkbox"/> No		Fire Suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. APPLICANT SIGNATURE				
I hereby certify that all information attached to this application is true and accurate to the best of my knowledge. I certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable ordinances of Genoa Township. I acknowledge that private covenants and restrictions are potentially enforceable by private parties.				
Signature of Applicant:			Date:	



Marion Howell Oceola Genoa

Sewer & Water Authority

2911 Dorr Rd., Brighton, MI 48116

Ph: 810-224-5835 Fax: 810-227-3420

MHOG Meter / Connection Fee Form

Note: Prior to completing this form, perform the attached checklist to determine if MHOG connection fees are applicable

Date: _____ Township: _____ Subdivision: _____

Site Address / Location: _____

Property Tax Code: _____ Permit Number: _____

Owner's / Developer's Name: _____ Phone Number: _____

Owner's / Developer's Address: _____

Sewer Hook Up Only: _____ Connections (REUs): _____ Meter Size: _____

Assess Charges if the Following Statement is True (further definition on attached checklist):

<input type="checkbox"/> Main Meter Package Purchase	Meter Package Fee	\$ _____
<input type="checkbox"/> Irrigation Meter Package Purchase	Irrigation Meter Fee	\$ _____
Horn Picked Up: Yes No N/A		
<input type="checkbox"/> New Construction of a Single Family Home - Water	Flushing Fee	\$ _____
<input type="checkbox"/> New Construction of a Single Family Home - Sanitary Sewer	Sewer Clean Out	\$ _____
<input type="checkbox"/> New Connection Without an Existing Lead	Live Tap Inspection Fee	\$ _____
<input type="checkbox"/> Other MHOG Fees Are Applicable to This Site (Examples: Grinder, Fire Suppression)	Other MHOG Fees	\$ _____
<input type="checkbox"/> MHOG Water Connection Fee ^(Footnote 1)	Connection Fee	\$ _____
	Total Paid to MHOG	\$ _____
	Cash <input type="checkbox"/>	
	Check <input type="checkbox"/>	Check # _____
<input type="checkbox"/> Water Connection Fee Due to Township	Water Connection Fee	\$ _____ () Pd. To Twp.
<input type="checkbox"/> Sewer Connection Fee Due to Township	Sewer Connection Fee	\$ _____ () Pd. To Twp.
<input type="checkbox"/> Other Twp.Fees Are Applicable to This Site (Examples: Land Use)	Other Twp. Fees	\$ _____

Acknowledgement Section

New Meter Package Requirements:

A plumbing permit from Livingston County Building Dept. is required for the installation of water meters. ***Their phone number is 517-546-3240***

You, the applicant, must contact the ***MHOG Utility Department at (800) 881-4109*** to schedule a meter installation appointment. The curb stop must be clearly marked and at finished grade prior to setting the meter. A repeat

Printed Name: _____ Date: _____

Applicant's Signature: _____

Footnote 1: The MHOG Water Connection Fee is \$3,500 per Residential Equivalent Unit and is separate from, and in addition to, the water connection fee of the Township. The fee is paid to the Township and then remitted to MHOG.



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MHOG Connection Fee Checklist

Note: MHOG connection fees are applicable for New Connection(s) or REUs not previously fully assessed by the Township or for a change in use for additional REUs on a parcel

Calculate MHOG Portion of Connection Fees:

Connections (REUs) _____ x \$3,500/REU = _____

Definitions

- Meter Package Fee** Charge for meter dependent on size, including horn/flanges and MXU Radio Read Device.
- Water Connection Fee** The connection fee is charged on a per Residential Equivalent User (REU) basis for new users or users that increase their use of the system. The connection fee covers the costs associated with capital improvement projects required to maintain adequate production and distribution capacity for the water system.
- Sewer Connection Fee** The connection fee is charged on a per Resident Equivalent User (REU) basis for new users or users that increase their use of the system. The connection fee covers the costs associated with capital improvement projects required to maintain adequate collection and treatment capacity for the waste water system.
- Sewer Clean Out** \$25 fee for GO wastewater customers charged to new homes for sewer line cleaning following completion of the home or subdivision. This fee covers typical construction debris deposited into the sewer line during construction.
- Flushing Fee** \$50 fee charged to new buidlings connecting to the MHOG water system for unmetered water loss during construction, which may include water used to disinfect, flush, and test the water pipes.
- Live Tap Inspection Fee** In cases where MHOG does not install the lead, a \$250 inspection charge for new construction that requires a live tap to the municipal water or sanitary sewer system. Fee covers MHOG staff time to inspect the live tap, generate a lead sheet, and update in GIS System.
- Other Fees** Specific fees assessed by Township or required for unique situations associated with connection to the sanitary sewer or water system.
- REU** A Resident Equivalent User (REU) is defined as the quantity of water used or wastewater discharged from an ordinary single family dwelling unit. In computing the number of REUs for commercial users refer to the Commercial Equivalent User Table. Typically, the number of REUs equals the number of connection fees to charge a property.