

Otsego County Land Use Services

Permit No.: _____

1322 Hayes Road
Gaylord, MI 49735
Phone 989-731-7400 * Fax 989-731-7419

APPLICATION FOR CAMPER PERMIT

Date: _____

Tax Parcel Number: _____ - _____ - _____ - _____ - _____ Twp: _____ Sec _____ N _____, R _____ W

Property location: (REQUIRED)

Address: _____ City: _____ State: _____ Zip: _____

Property Owner :

Name: _____ Phone No. (____) - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Otsego County Zoning Ordinance Requirements:

Section 21.33 Recreational Equipment or Trailer

21.33.2 Unless otherwise regulated in travel trailer courts in this Ordinance, travel trailers may be stored and/or occupied as temporary recreation housing in R3, RR, FR, and AR Districts with a zoning permit granted by the Zoning Administrator provided:

21.33.2.1 The unit is maintained in safe and ready running condition, has a valid and current trailer license for highway travel, and can be towed from the premises by ordinary domestic on thirty (30) minutes notice.

21.33.2.2 The unit shall be served by an approved on-site sanitary disposal system, but shall not be attached to the sanitary system (or to a water supply) in such a manner as to preclude the units' mobility as defined under Item 1 above.

21.33.2.3 No travel trailer permitted under this Section shall be occupied more than forty-five (45) days in any calendar year.

21.33.2.4 The unit shall not be enlarged with any structural annex or addition.

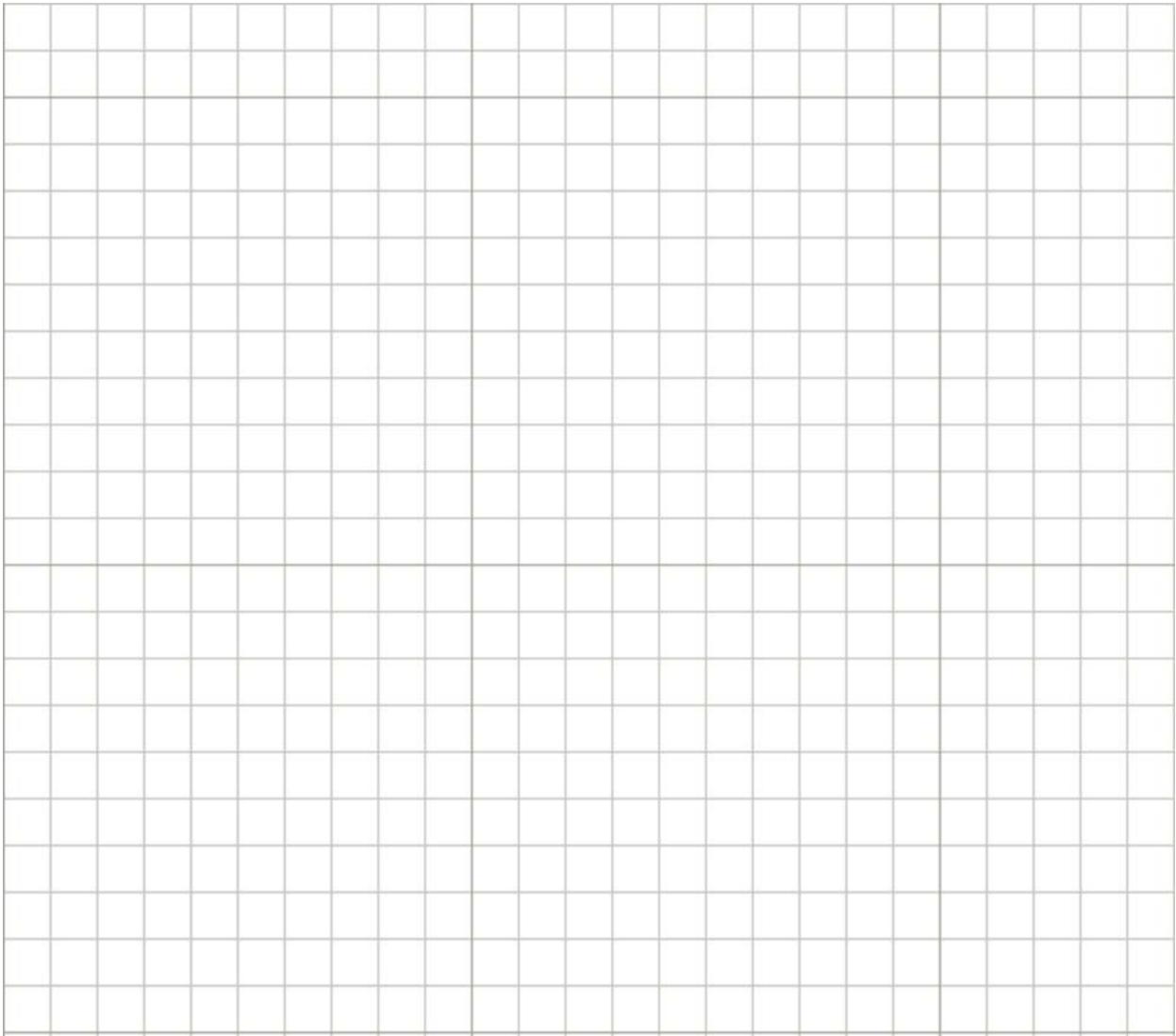
PLOT PLANS SHALL CONTAIN ALL OF THE FOLLOWING:

Plot Plan: Provide copy of an accurate, readable, scale drawing showing the location of all structures on the property.

1. Name, address and telephone number of the property owner.
2. The location, shape, area and dimension of the lot.
3. A vicinity sketch showing the location of the site in relation to the surrounding street system, and adjacent land uses within three hundred (300) feet in every direction including on the opposite side of any public street; also showing adjacent landowners.
4. Location of any septic system or drain field and well.
5. Existing public right-of-ways or easements.
6. Any other information deemed necessary by the Zoning Administrator to determine and provide for the enforcement of this Ordinance.

TURN SHEET OVER FOR DRAWING AREA AND SIGNATURE LINE

Plot plan drawing Area:



Applicant signature: _____ **Date:** _____

Zoning district: _____ Parcel size: _____

Setback requirements: Front _____ Side _____ Side _____ Rear _____

Camper information: Width _____ Length _____ Height _____ License Plate Number: _____

_____ **This area to be completed by staff only:**

Not required Approved Denied

Notes: _____

Zoning Administrator signature: _____ Date: _____