

**OTSEGO COUNTY
LAND USE SERVICES
1322 HAYES ROAD GAYLORD MI 49735
PHONE: 989.731.7400 * FAX: 989.731.7419
www.otsegocountymi.gov**

APPLICATION FOR CAMPER PERMIT

Date:	Parcel Number: _____ - _____ - _____ - _____		
Township:	Zoning District:	Section:	T ____ N/R ____ W

PROPERTY LOCATION: (REQUIRED)

Address:	City:	Zip Code:
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PROPERTY OWNER :

Name:	Phone: () -		
Address:	City:	State:	Zip Code:

*****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.

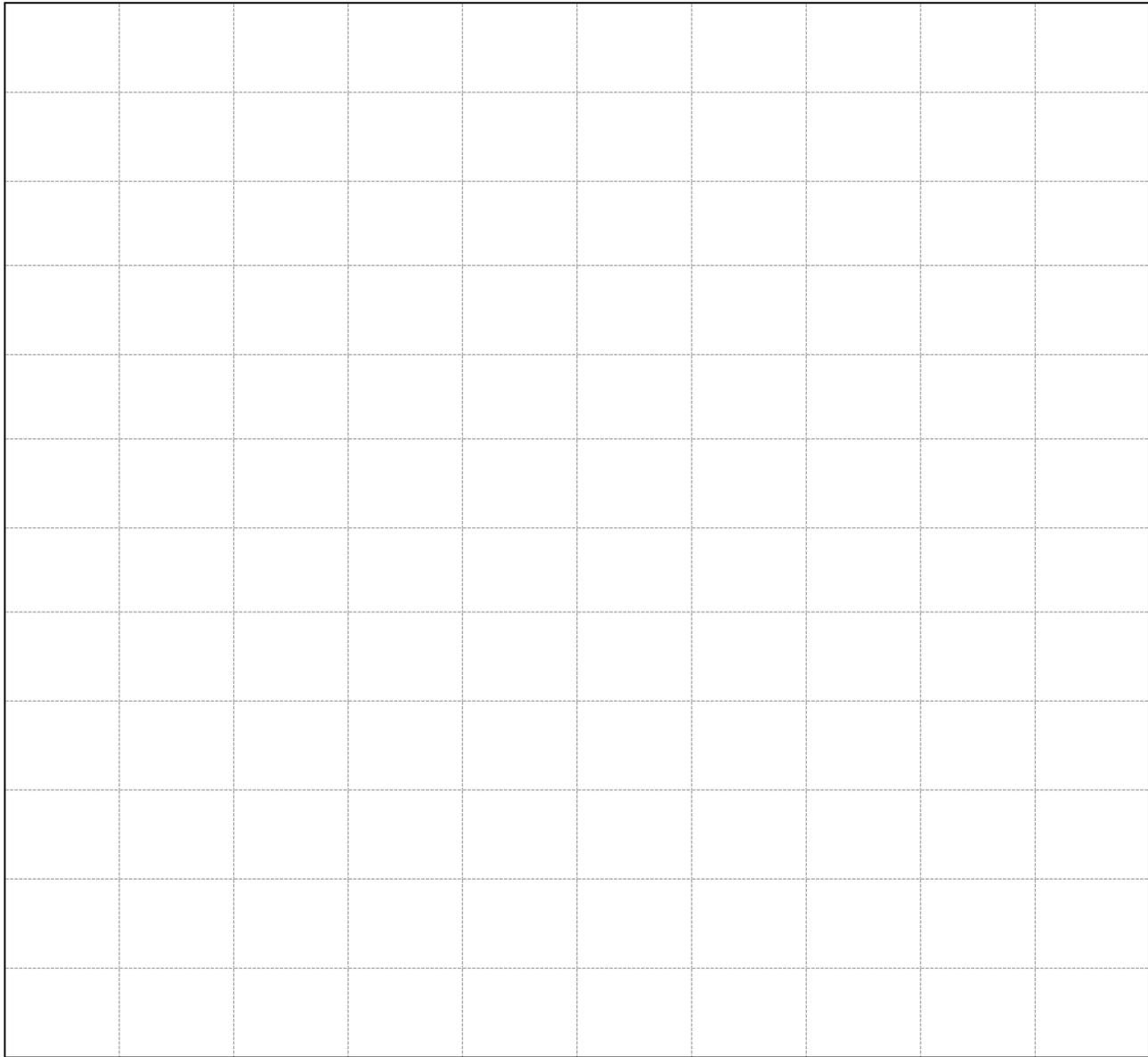
PLOT PLANS SHALL CONTAIN ALL OF THE FOLLOWING:

Plot Plan: Two (2) copies of an accurate, readable, scale drawing showing the following shall be required except in the case of minor alterations, repair and demolitions as determined by the Zoning Administrator.

1. Name, address and telephone number of the applicant (and owner if different).
2. The location, shape, area and dimension of the lot, including setbacks and shoreland and natural river districts, if any.
3. The location, dimensions and height of the existing and/or proposed structures to be erected, altered, or moved on the lot.
4. A description of proposed use of the building(s), land or structures.
5. The proposed number of sleeping rooms, dwelling units, occupants, employees, customers and other users.
6. The yard, open space and parking lot dimensions, parking space dimensions, and number of spaces.
7. 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.
8. Location of any septic system or drain field and well.
9. Configuration of the driveway and parking, county drains and site drainage patterns.
10. Existing public right-of-ways or easements.
11. 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:	

*****OFFICE USE ONLY*****

Zoning Permit Number :		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Notes:			
Zoning Administrator:			Date: