

ANNUAL DOG KENNEL PERMIT RENEWAL APPLICATION

HOWELL TOWNSHIP

3525 BYRON ROAD

HOWELL, MI 48855

(517) 546-2817

DATE: _____

PARCEL NUMBER: 4706-____-____-____

NAME OF KENNEL: _____

ADDRESS OF KENNEL: _____

OWNER NAME: _____ OWNER PHONE NUMBER: () _____ - _____

OWNER ADDRESS: _____

MAX. NUMBER OF DOGS ON PREMISES LAST YEAR: _____

MAX. NUMBER OF DOGS ON PREMISES THIS YEAR: _____

CHANGES TO ANY KENNEL BUILDING OR STRUCTURES:

CHANGES TO KENNELS OR NUMBER OF DOGS EXPECTED THIS YEAR (FENCING OR ADDITIONS REQUIRE PERMITS) _____

I AM THE OWNER OF _____ KENNELS, I AM IN CONFORMANCE WITH
THE HOWELL TOWNSHIP ZONING ORDINANCE, ARTICLE IV SECTION 4.03.B "KENNELS FOR DOGS".

SEC. 4.03 B. KENNELS FOR DOGS.

1) ALL DOG KENNELS SHALL BE OPERATED IN CONFORMANCE WITH ALL APPLICABLE COUNTY AND STATE REGULATIONS, PERMITS BEING VALID NO LONGER THAN ONE (1) YEAR.

2) FOR DOG KENNELS, THE MINIMUM LOT SIZE SHALL BE TEN (10) ACRES FOR THE FIRST TEN (10) DOGS AND AN ADDITIONAL ONE-THIRD (1/3) ACRE FOR EACH ONE (1) ADDITIONAL DOG.

3) BUILDINGS WHEREIN DOGS ARE KEPT, DOG RUNS, AND/OR EXERCISE AREAS SHALL NOT BE LOCATED NEARER THAN ONE HUNDRED (100) FEET TO ANY ADJACENT OCCUPIED DWELLING OR ANY ADJACENT BUILDING USED BY THE PUBLIC AND SHALL NOT BE LOCATED IN ANY REQUIRED FRONT, REAR OR SIDE YARD SETBACK AREA.

4) SUCH FACILITIES SHALL BE UNDER THE JURISDICTION OF THE TOWNSHIP PLANNING COMMISSION, AND SUBJECT TO OTHER CONDITIONS AND REQUIREMENTS OF SAID BODY DEEMED NECESSARY TO INSURE AGAINST THE OCCURRENCE OF ANY POSSIBLE NUISANCE (I.E., FENCING, SOUNDPROOFING, SANITARY REQUIREMENTS.)

SIGNATURE: _____ DATE: _____

YOU WILL BE NOTIFIED BY PHONE OF AN INSPECTION DATE, BY HOWELL TOWNSHIP, UPON COMPLETION OF THIS APPLICATION.

A COMPLETED ANNUAL DOG KENNEL PERMIT RENEWAL APPLICATION IS REQUIRED BY HOWELL TOWNSHIP BY DECEMBER 1ST OF EVERY YEAR.

THERE IS A **\$50.00 RENEWAL FEE TO BE SUBMITTED AT THE TIME OF APPLICATION.** A COPY OF THE APPROVED RENEWAL WILL BE SENT TO YOU AND LIVINGSTON COUNTY ANIMAL CONTROL.

APPLICATION RECEIVED ON: _____ PAID: _____ CHECK NUMBER: _____

INSPECTION DATE: ____/____/____ APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____