

Phone (989)

Cell (989)

Township Permit # \_\_\_\_\_

# Zoning Permit

Parcel #09- \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Ph. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Location \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Roads

Proposed Building \_\_\_\_\_ Use \_\_\_\_\_

Lot Size \_\_\_\_\_ Road Frontage \_\_\_\_\_ Corner Lot? YES NO

**ZONING PERMIT FEE WAIVED BY \_\_\_\_\_ TWP BOARD**

Current Zoning \_\_\_\_\_ Permit Holder's Signature \_\_\_\_\_

I hereby certify that the foregoing application meets all the requirements of the \_\_\_\_\_ Township Zoning Ordinance.

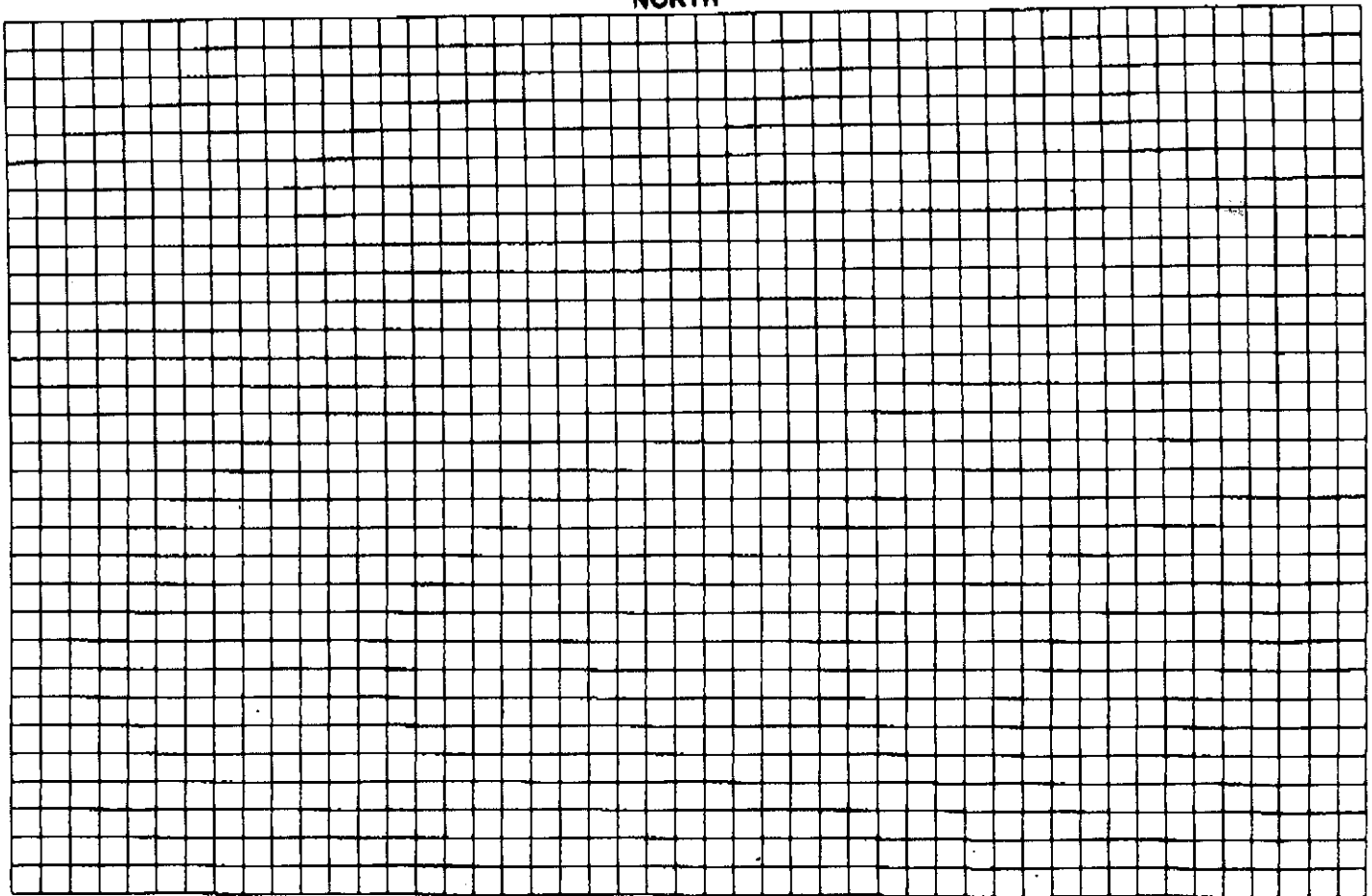
\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date Approved

**SITE OR PLAT PLAN- For Applicant Use**

*Please show all lot lines, where proposed structure will be placed and if there are any existing buildings. Indicate number of feet per square inch.*

NORTH



SOUTH