

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 _____

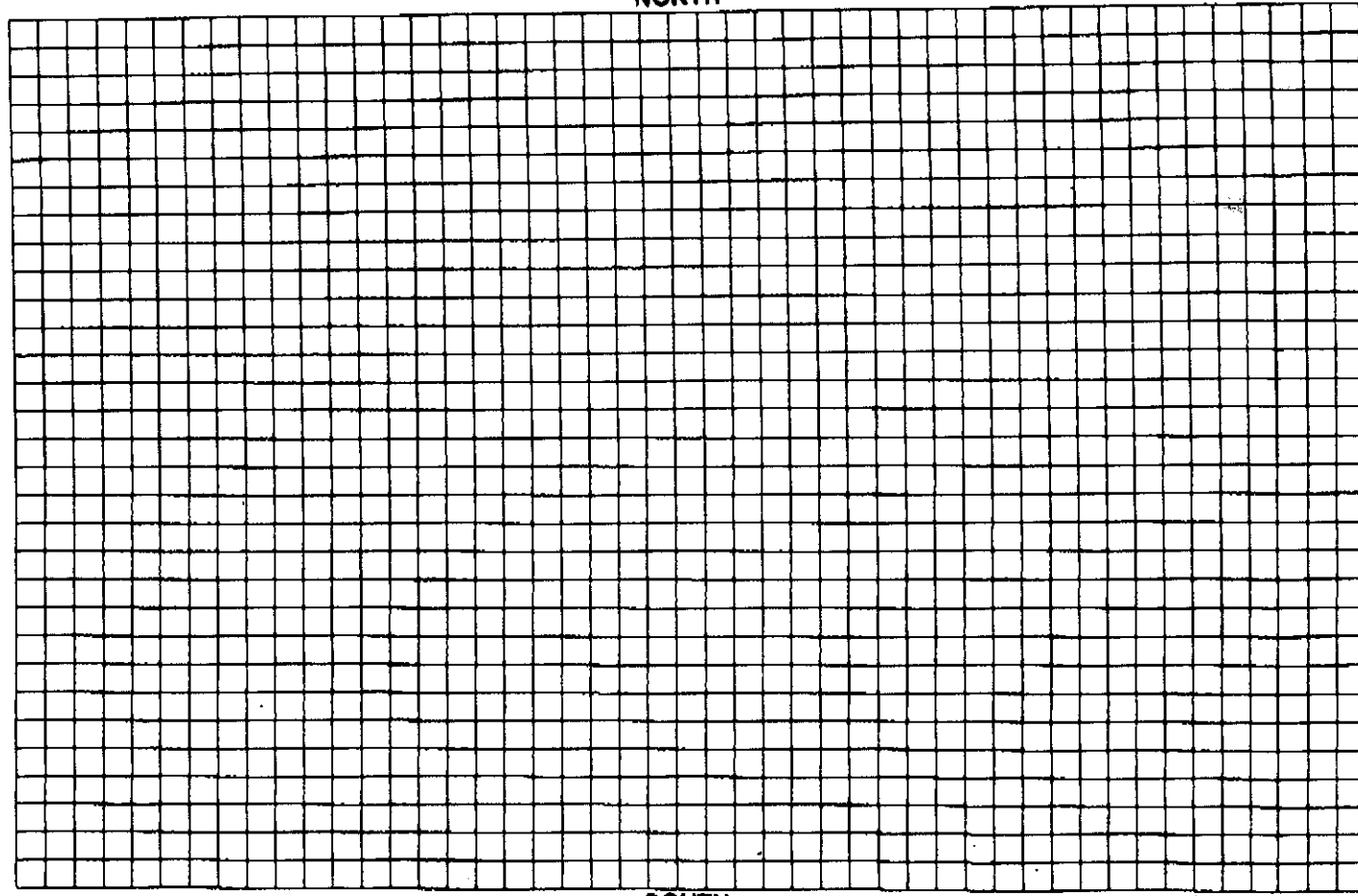
I hereby certify that the foregoing application meets all the requirements of the _____ Township Zoning Ordinance.

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