APPLICATION FOR ZONING PERMIT

DAVID NEIGER
ZONING ADMINISTRATOR
BENZONIA TOWNSHIP
P O BOX 224
BENZONIA, MICHIGAN 49616-0224

PERMIT # _____
Date Received: _____
Date Issued: _____
Date Expired: _____
Zoning District: _____ Fee: $_____
Paid By: _____

An <u>accurate site plan and floor plan</u>, including dimensions are required to be submitted with this application. Site/Floor Plan attached: Yes ____ No___	**2 copies of the site plan <u>must</u> be submitted if the site plan is larger than 11" x 17"**	**Property Lines and actual Building Site must be staked prior to inspection.** **DATE STAKED: _____**

Location: _____
(Street Address or <u>accurate</u> directions to the site)

Township: _____ **Tax Number 10-**_____

<u>Owner(s)</u>
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
General Contractor: _____ Address _____

Applicant:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Phone: _____

Description of Project: _____ Category of Use: <u>Residential</u> <u>Commercial</u> <u>Industrial**</u>**
(Circle One)

List Each Structure or Use **Separately (attached garages, decks are separate structures)**

		Width	Length	Height	Total Sq. Ft.	Fee
1						
2						
3						
4						

Set Backs: Front: _____ Rear: _____ Side: _____ Side: _____

Lot Size: _____

I hereby certify that all the statements and/or information contained herein or submitted with this application are true and that I will comply with all applicable Federal, State, and local laws concerning this project. Any noncompliance with the provision of this permit or said laws will render this permit null and void.

REMARKS:	_____ (Signature Owner or Agent) Application: ☐ Approved ☐ Denied By: _____ Zoning Administrator Date: _____