

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 accurate directions to the site)

Township: _____ Tax Number 10- _____

Owner(s) 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: Residential Commercial Industrial
 (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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Zoning Administrator Date: _____
----------	--