

APPLICATION DATE. _____

PERMIT NO. _____

APPLICATION FOR ZONING COMPLIANCE PERMIT

PLEASE PRINT OR TYPE (if additional space is needed, use back side of this application.)

Applicant(s) Information

Name _____

Address _____ City _____ Zip _____

Telephone Number _____

Interest in the Subject Property _____

Owner Information

(If different from applicant, include owner-signed consent to, and certification of, application)

Name _____

Address _____ City _____ Zip _____

Telephone Number _____

Address of Subject Property: _____ City _____ Zip _____

Parcel Identification Number: _____

Applicant(s) desire to:

use land

construct new building(s)

add to existing building(s)

alter existing building(s)

for the following use(s): _____

Legal description: _____

Description of property:

Current Zoning Classification	district	Percentage of Lot Covered	%
Average lot width	ft.	Lot Area	a/ft ²
Average lot depth	ft.	Building Height	ft.
Front Yard Setback	ft.	Building Width	ft.
Back Yard Setback	ft.	Total Floor Area	sq.ft
Side Yard Setback	ft.	Off Street Parking	cars

DALLAS TOWNSHIP,
CLINTON COUNTY, MICHIGAN

APPLICATION DATE. _____

PERMIT NO. _____

The original and one (1) copy of a plot plan, drawn to scale, and showing existing and proposed buildings and structures for said property shall be submitted with this application.

Applicant(s) Certification:

Applicant(s) acknowledge(s) that the information submitted in and with this application is true and correct to the best of his or her knowledge.

Applicant _____ Date: _____
Signature(s) _____

Tel. No: _____

Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Dallas Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Dallas Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Dallas Township Ordinance.

Applicant _____ Date: _____
Signature(s) _____

Date: _____

THIS SECTION TO BE COMPLETED BY TOWNSHIP

Fee Received: \$ _____ Date: _____

Received by: _____

A ZONING COMPLIANCE PERMIT for the proposed use is:

- Granted
- Denied for the following reasons: _____

Zoning Administrator: _____ Date: _____

Signature

Copy of Completed Application and, if issued, Permit to:

- Applicant
- Zoning Enforcement Officer
- Township Clerk
- Property Owner