

ADAMS TOWNSHIP
APPLICATION FOR LAND USE
PERMIT No. _____

Location _____

(Street address or directions to site)

Applicant/Owner (s):

Name _____

Address _____

City _____

Phone #: _____ Cell phone ___ Land line ___ (please check one)

Phone #: _____ Cell phone ___ Land line ___ (please check one)

Email: _____

IS THIS APPLICATION FOR BUSINESS, COMMERCIAL, OR INDUSTRIAL PURPOSES? YES _____ NO _____

If YES, please complete entire application and return to Adams Township with \$25 application fee.

If NO, please sign and date below and return to Adams Township. Do NOT complete the rest of the application.

X _____ **Date:** _____
(Signature Owner or Agent)

X _____ **Date:** _____
(Signature of Authorized Adams Township Representative)

(If application is for business, commercial, or industrial purpose, please continue to complete entire application.)

Contractor: _____ Phone#: _____ Email: _____

Address _____ City, State, Zip _____

Description of Project _____

*Please attach Site Plan - List each Structure (See page 2)

I hereby certify that all statements and/or information contained herein or submitted with this application are true and that I will comply with all Federal, State and local laws concerning this project. Any noncompliance with provisions of this permit or said laws will render this permit null and void. Further, I agree that if a land use permit is issued, I give permission for officials from Adams Township visit and view the site if necessary.

X _____ **Date:** _____
(Signature Owner or Agent)

Approved _____ Denied _____ Date Issued _____

If Land Use Application is for Business or Commercial purposes, Zoning Administrator must sign below:

By: _____ Date: _____
Zoning Administrator

Adams Township
Zoning Administrator
PO Box 520
South Range, MI 49963

Land Use - Site Plan

OFFICE USE ONLY:

Permit Number _____

Date Received _____

\$25 Fee Rec'd _____

Owners
Name _____

Address _____

PROPERTY
LOCATION

No. _____

Street _____

Lot _____

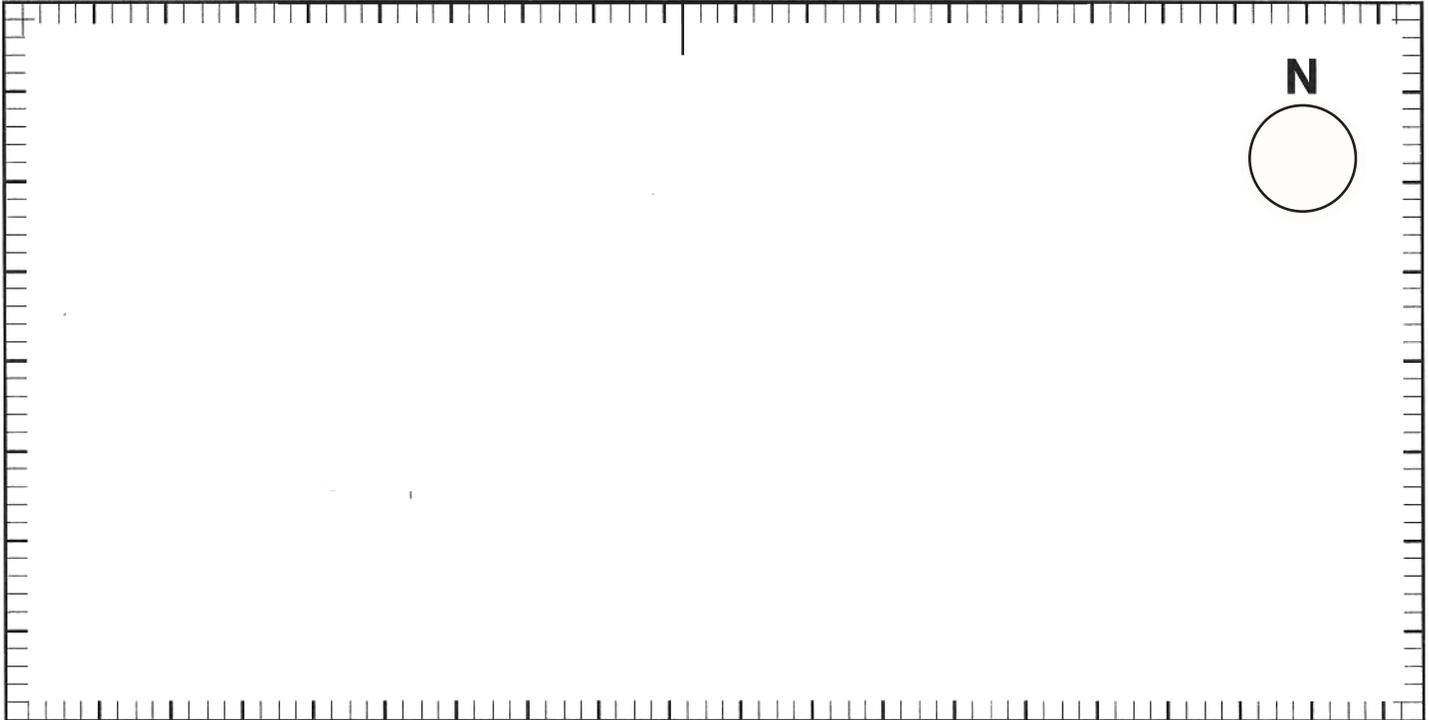
Lot Size _____

PROPOSED BLD.

Size _____

Use _____

SITE OR PLOT PLAN



ANY ALTERATIONS FROM ABOVE DIAGRAM WILL REQUIRE A NEW PERMIT.

I CERTIFY THE INFORMATION PRESENTED ACCURATELY REFLECTS THE SUBJECT PROPERTY AS SURVEYED, INCLUDING THE HEIGHT, SIZE AND SETBACK LOCATIONS OF EXISTING AND/OR PROPOSED STRUCTURES OR ADDITIONAL EXTERIOR PROJECTIONS COVERING A PERIOD OF ONE YEAR FROM THIS DATE. ANY ADDITIONAL CONSTRUCTION OR ALTERATIONS AFTER THIS PERIOD OF ONE YEAR WILL REQUIRE A NEW PERMIT.

Applicant Signature _____ Date _____

Applicant Address _____

Zoning Approval _____

Zoning Adm. _____

Date _____