ADAMS TOWNSHIP APPLICATION FOR LAND USE

PERMIT No. _____

Date Issued			
Date Expired			
Location			
(Stree	et address or direction	ns to site)	
Applicant/Owner (s):			
Name			
Address			
City			
Phone #:		Land line _	(please check one)
Phone #:	Cell phone _	Land line _	(please check one)
Email:			
Name	_		
Address			
City			
Phone #:		Land line _	(please check one)
Phone #:	Cell phone _	Land line _	(please check one)
Email:			
Contractor:	Phone#:	Er	mail:
Address			
Type of Use: Residential Commercial	Industrial	_	
Description of			
Project			
*Please attach Site Plan - List each Structure (See page 2)		
I hereby certify that all statements and/or info and that I will comply with all Federal, State a provisions of this permit or said laws will reno is issued, I give permission for officials from A	nd local laws con der this permit nu	cerning this pr Ill and void. Fu	roject. Any noncompliance with rther, I agree that if a land use permit
X	Date:		
X(Signature Owner or Agent)			
Please remit \$25 payment with application and site plan to:		PO Box 520	ng Administrator
OFFICE USE ONLY:		23am nang	y-,
Application: Approved Denied	_		
By: Zoning Administrator	Date:		

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

				The second section of the property of the prop	
Owners Name					
Address					
PROPERTY					
LOCATION	No.		Street		
	Lot		Lot Size_		
PROPOSED BLD.					
THOI COLD BLD.		Size	Use		
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SITE OR PLOT PLAI	N				
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			DIAGRAM WILL REQUIRE		
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	