

ZONING PERMIT APPLICATION



Owner Name	Contractor Name
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email
Parcel #	Site Address

Intended Use

SITE PLAN DRAWING

REQUIRED:	<input checked="" type="checkbox"/>	
Indicate North	<input type="checkbox"/>	
Draw Parcel w/Dimensions	<input type="checkbox"/>	
Buildings w/Dimensions	<input type="checkbox"/>	
New Structures w/Dimensions	<input type="checkbox"/>	
Decks & Porches w/Dimensions	<input type="checkbox"/>	
Distances from Property Lines	<input type="checkbox"/>	
Roads & Driveways	<input type="checkbox"/>	
Septic & Well Locations	<input type="checkbox"/>	
Bodies of Water	<input type="checkbox"/>	
Natural Features	<input type="checkbox"/>	

NOTE: Road Right-of-Way is 33' from road center.

I hereby certify that the information contained on this application is correct, and that all uses for which this application is made conform to the Mecosta Township Zoning Ordinance. I further certify that this permit is subject to the terms and conditions of the Zoning Ordinance, and that violation of these terms will be sufficient evidence for the revocation of this permit.

Signature:	Date:
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DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Current Zoning	Front Setback
Lot Size/Acreage	Side Setback
% Lot Coverage	Rear Setback
RESULTS: Approved Denied	Notes:
Official:	Date: