

ZONING PERMIT APPLICATION

PERMIT #: _____

PARCEL #: _____

PERMIT FEE #: _____

ALBERT TOWNSHIP APPLICATION

COMMERCIAL LAND USE

OWNER/RENTER: _____ DATE: _____

ADDRESS: _____ PHONE: (____) _____

CONTRACTOR: _____

BUILDING SITE ADDR: _____ EST. PROJECT COST \$ _____

PROPERTY OWNER ADDR: _____

PROJECT DESCRIPTION: _____

Type of Land Use Project

- | | |
|--|-------|
| <input type="radio"/> New Business | _____ |
| <input type="radio"/> New Building | _____ |
| <input type="radio"/> Addition | _____ |
| <input type="radio"/> Public Utility | _____ |
| <input type="radio"/> Deck, Patio, Porch | _____ |
| <input type="radio"/> Sign | _____ |
| <input type="radio"/> Driveway | _____ |

Sq. Ft.

Zoning District

- | |
|-----------------------------|
| <input type="radio"/> C-P |
| <input type="radio"/> C-V |
| <input type="radio"/> Ind |
| <input type="radio"/> E-Ind |
| <input type="radio"/> PUD |
| <input type="radio"/> MHP |

Accessory Building

- | | |
|---|-------|
| <input type="radio"/> Attached/Detached | _____ |
| <input type="radio"/> Stand Alone | _____ |
| <input type="radio"/> OTHER _____ | _____ |

PARCEL SIZE: _____

SUBDIVISION: _____

PARCEL CONFORMING: YES / NO

NON CONFORMING: YES / NO

NO permit will be issued until the building site has been inspected and meets all set-back requirements. A survey shall be required if boundary lines are not clearly defined. I, the undersigned, agree the statements above are true, and if found not to be true this application and any approval will be voided. Further, I agree to comply with the conditions and/or regulations provided with any zoning approval granted as a result of this application. Finally, I hereby give permission for officials of the township, county, and the State of Michigan to enter the property for purposes of inspection to ensure compliance with all zoning ordinance regulations and/or continuing with any conditions imposed.

Signature of Owner/Agent/Contractor

Date

Fire Department Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Safety Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Maintenance Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Zoning Review

Comments: _____

Reviewed By: _____

Date Reviewed: _____

Receipting Information

Application Received By: _____ Date: _____

Received Site Plan Employee Initials: _____ Date: _____

Received Fee CK# Employee Initials: _____ Date: _____

Permit Information

Request Approved _____

Request Denied Reason: _____

Signature: _____ Date: _____

Printed Name: _____

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