

PORT SHELDON TOWNSHIP
APPLICATION FOR ZONING PERMIT

16201 Port Sheldon Street, West Olive MI 49460

616-399-6121 – info@portsheldontwp.org

PARCEL # 70-11-	JOB ADDRESS	LOT#
OWNERS NAME	PHONE	
OWNERS ADDRESS	CITY/STATE/ZIP	

Describe Project and Intended Use:

Dimensions _____ Ft by _____ Ft
(Width) (Length)

Site Plan – Show all structures on the property with distances from lot lines and each other.

Section 23a of the State Construction Code Act of 1972, 1972 PA230, MCL 125.1523A prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make application as his/her agent. I agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge. I assume responsibility for contacting the Township of all required inspections required for the permit(s) requested. Applicant is responsible for the payment of all fees and charges applicable to this application.

Applicant Name _____ Phone _____

Address _____ City/State/Zip _____

Email Address _____

Signature _____ Date _____

*****For Office Use Only – Do not Write Below*****

Set Backs: Front _____ Back _____ Side _____ Ind. _____ Total _____ Zone District _____

Zoning: Approval _____ Denied _____

Signature: _____ Date: _____