

Permit Number _____

TOWNSHIP OF CHARLEVOIX

12491 Waller Rd
Charlevoix, Michigan 49720
231-547-4611

Date _____ 20 _____

APPLICATION FOR ZONING PERMIT

The undersigned in compliance with the building and zoning ordinance of the township of Charlevoix, Michigan, makes application under the above mentioned ordinance for permission:

To _____

Located at _____

Upon the premises described as Lot _____ Block _____ of _____

_____ Subdivision, or as described on attached statement..

Property tax Number _____

Upon completion this building is to be used for _____

Other buildings on property _____

Sketch must accompany application showing lot lines, where all buildings are situated, where addition is to be and front, back, and side yard set backs. Include driveways, drain fields (if any) and any other structures.

Owners Name and Address _____

_____ Telephone _____

Contractors Name and Address _____

_____ Telephone _____

Square feet _____

Signature of owner _____

Fee Paid _____

Signature of Contractor _____

Permit Granted _____

Date _____