APPLICATION FOR ZONING COMPLIANCE PERMIT IMLAY TOWNSHIP, LAPEER COUNTY

1. Name of Property Owner:	Phone No:
Address:	
2. Applicant Name:	Phone No:
Address:	
3. Proposed Use:	* Requires Description in Item 7
Single Family ResidenceMulti Family Residence	Business* Fence* Accessory Pool/Fence
No. of Units Sign*	BuildingGarageAttached
Free Standing Wall/Roof	AdditionDetachedDeck Other
	Existing Buildings and Proposed Construction or
Use for Which The Application is made Lot Width Lot Depth Lot Area_	Front Yard Rear Yard
Side Yard Sum of Sides Building	ng Height
5. Square Footage:	
Residential Garage Basement	Acc. Building Office
6. Accessory Buildings:	
Height Width Length S	side Yard Setback Rear Yard
7. * Remarks:	
	Permit for the above use, to the issues on the Basis of the applicant affirms to be true and correct to the
Applicant's Signature	Date
For Offi	ice Use Only
Permit No:	Received Date:
Address:	
Parcel ID No:	Zoning:
	application, the proposed Zoning Permit application ownship Zoning Ordinance and the permit is hereby
Imlay Township Zoning Administrator	Date
Date Paid C	Cash or Check # Amount

Application for zoning permit