



APPLICATION FOR ZONING COMPLIANCE PERMIT

Return completed applications to:

Thornapple Township, 200 E. Main St., Middleville, MI 49333
Phone: 269-795-7202 Fax: 269-795-8812
Email: zoning-administrator@thornapple-twp.org

PERMIT #: _____
FEE: \$35
DATE: _____

Copy to PCI
Copy to Assessor

PROPERTY OWNER INFORMATION

Owner: _____ Phone: _____ Cell: _____
Email: _____
Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Phone: _____ Cell: _____
Contractor Email: _____
Contractor License # _____

PURPOSE OF APPLICATION

PURPOSE (Check One)

New Construction Remodel Demolition Deck Pool Other

OCCUPANCY

New Dwelling Addition to dwelling Residential Accessory Building -detached
 Agricultural Building (Affidavit of Exclusive Agricultural Use Required)
 Garage attached to home Fence Other _____

CONSTRUCTION STYLE Traditional Frame Pole Modular

SIZE OF BUILDING Width _____ Depth _____

DWELLING [state floor area in sq. ft]: 1st Floor _____ 2nd Floor _____

STYLE OF BUILDING 1 Story 2 Story Multi-Level

BASEMENT Conventional Walk-out Slab

ROOF TYPE gambrel gable mansard hip shed A-Frame flat

BUILDING HEIGHT _____ feet

PROPERTY AND BUILDING SITE INFORMATION

Parcel Tax ID # 08-14- _____ Wetlands Present? ___ yes ___ no
Building Site Address: _____ Overlay District: _____
Current Zoning District _____ Lot Area _____
Proposed Setbacks Front _____ Rear _____ Side 1 _____ Side 2 _____
Required Setbacks Front _____ Rear _____ Side 1 _____ Side 2 _____

PROOF OF OWNERSHIP

___ Deed ___ Assessment/Tax Records ___ Other (_____)

Applicant Signature: _____ (___ owner) (___ agent)

I hereby certify all information and data attached to and made part of this application are true and accurate to the best of my knowledge and belief. I understand that there may be deed restrictions on this land and it is my obligation to determine what they are. I give permission for the Township staff to conduct a site inspection to verify improvements on site plan.

*****FOR USE BY ZONING ADMINISTRATOR*****

ZONING PERMIT # _____ - _____

- Approved
- Approved with Condition(s) as follows:

- Denied due to _____

This permit is good for a period of 365 days. If construction is not started during this period, permit is void and a new application is required.

Zoning Administrator: _____
signature

Date of Approval _____

Fee Payment Type: ___ Cash ___ Check ___ Credit Card Receipt # _____