

Zoning/Building Permit Application

Parcel Number:

FOR TOWNSHIP USE ONLY										Permit #	
UCC? Y N		Date Recd		Date Paid			Date Issued:		BP Fee		
Inspection Service:			Type ND, NA, MA, NP, MP, O			Work New, Add, Alt, Rep, Dem, Use, O			Insp Fee		
Property Owner's Information						Contractor/Builder's Information SAME _____					
Name:						Name:					
Address:						Address:					
City, State, Zip						City, State, Zip					
Phone:						Phone:					
Property Information						WC Carrier			Expires		
Parcel Number				Address:							
Zoning:		Lot Size: Dimensions: _____ X _____ Acres _____				Total Lot Area					
Subdivision			Phase		Lot #		Total Building Area				
Sewer: ___ Municipal ___ On Site ___ None Permit #							Other Impervious Surface Area				
Water: ___ Municipal ___ On Site ___ None Permit #							Total Impervious Surface Area				
Project Information											
Value of Construction: \$ _____ Building Type _____ Residential _____ Agricultural _____ Non Residential											
Description of Project:											
Intended use of Project:											
For Residential Construction, Number of new: _____ Bedrooms _____ Bathrooms _____ Kitchens _____ Dwelling Units											
A plan of the property, drawn to scale, and showing the location of the proposed building and other improvements in relation to property and street lines, right of way lines, and easements is attached. Building location, right of way and easements have been located and staked on the property by:											
Name						Address					
I Certify the above information is true and accurate. _____											
						Signature of Property Owner/Agent			Date		
Permit Approved _____ Denied _____											
						Signature of Zoning Officer			Date		
Reason for denial:											
Application Check list (Township use only)											
Site grading plan	NA	OK	Stbk	Req	Act	Dates		% Coverage	Max	Act	
Driveway Permit	NA	OK	Front			Must Start		Impervious			
HARB Review	NA	OK	Side			Expires		Building			
UCC Approval	NA	OK	Rear			U & O		Bldg Ht. Ft			
Septic	NA	OK						Stories			
Water	NA	OK									