

APPLICATION FOR ZONING PERMIT

AVERY TOWNSHIP Box 665 11010 McMurphy Rd. Atlanta, MI 49709 989-785-3278

Date: _____

PERMIT #: _____

_____	_____
Applicant Name	Property Owner
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Phone #	Phone #

Property Address: _____

Property ID #: _____

Zoned: _____ Setbacks required: Front: _____ Side: _____ Rear: _____

Type of Construction: _____

Total square footage: _____ # of Stories: _____ Bedrooms: _____ Baths: _____

Proposed use: _____

Accessory building: _____ Attached: _____ Detached: _____

Contractor Name & Contact Info: _____

PERMIT FEE: \$40.00 Payable to: AVERY TOWNSHIP

Applicant Signature: _____

Approved by: _____

Date: _____ Expiration Date: _____

CASH / CHECK #: _____ RECEIPT #: _____

First inspection: _____ Second inspection: _____

Permit copy to Assessor: _____