

BANKS TOWNSHIP ZONING APPLICATION AND PERMIT

Site Plan Required Yes No
 Survey Required Yes No

Date Received _____ Zone District _____
 Property Tax # _____

Referred to: Permits Required:
 Zoning Board of Appeals Health Dept.
 Planning Commission Building Dept.
 (Special Use) Road Commission
 (P.U.D.) Soil & Erosion
 (Rezone) Corps of Engineers
 Fee \$ _____ D.N.R.

ACTION: Accepted _____ Denied _____ Date _____
 Type of Improvement: (describe)

Property Location: _____

Property Owner's Mailing Address:
 Name: _____
 Street: _____
 City/State/Zip: _____
 Phone: _____

Agent's Mailing Address:
 Name: _____
 Street: _____
 City/State/Zip: _____
 Phone: _____

Dimensions: Please include proposed building with dimensions (include height); lot or parcel dimensions; front, side and rear yard distances to lot line or other structures; well and septic location; adjacent roads (use name). Lakes, streams, easements, or other dedicated rights-of-way. Acreage _____ or _____ ft. x _____ ft.

I hereby grant permission for Banks Township Officials and/or authorized agents to enter the above described property for the purposes of gathering information related to this application. Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.

I hereby agree to comply with the provisions of the Zoning Ordinance of Banks Township, in the installation, construction, alterations, additions, or demolition described herein, and, if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his selected agent.

Owner or selected agent: _____

Date: _____

Zoning Administrator: _____

Date: _____

Planning Comm'n Chair: _____

Date: _____

Z.B.A. Chair: _____

Date: _____