

ZONING PERMIT APPLICATION

AVERY TOWNSHIP
11010 McMURPHY RD.
PO BOX 665
ATLANTA, MI 49709
989-785-3278

Date: _____ PERMIT # _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# _____ / _____

PROPERTY ADDRESS: _____

PROPERTY ID# 60- 002- - - -

ZONED: _____ SETBACKS: F: _____ S: _____ R: _____

TYPE OF
CONSTRUCTION: _____

SIZE OF STRUCTURE: _____

PROPOSED

USE: _____

NAME OF

CONTRACTOR: _____

Please use space below to provide site plan drawing of structure and placement on property.

PERMIT FEE: \$40.00 PAYABLE TO AVERY TOWNSHIP

Applicant signature: _____

Approved by: _____

PERMIT EXPIRATION DATE: _____

OFFICE USE

Cash / Check # : _____

Receipt # : _____

Date of first inspection : _____

Date of second inspection : _____

Permit copy to Assessor : _____