

BLUMFIELD TOWNSHIP
 1175 VASSAR RD. REESE MI. 48757
 TELEPHONE - 989-868-9512
 FAX - 989-868-9519

PERMIT NUMBER: _____

PARCEL I.D. NUMBER: _____

APPLICATION FOR ZONING PERMIT (FENCE/OTHER)

NOTE: All fences and other supplementary uses within Blumfield Township shall meet the requirements of Zoning 15.00 of the Blumfield Township Compilation of Ordinances (Adapted October 15, 1999)

| | | | |
|---|--------|-----------|------------|
| I. PRODUCT INFORMATION: | | | |
| Property Owner: | | | |
| Address: | | | |
| Telephone: | | Fax: | |
| Location of Property: | | | |
| Project Description: | | | |
| II. IDENTIFICATION: CONTRACTOR | | | |
| Name: | | Address: | |
| City: | State: | Zip Code: | |
| Telephone: | Fax: | Mobile: | |
| III. TYPE OF IMPROVEMENT | | | |
| A. Type of Improvement: | | Fence: | Other: |
| IV. APPLICANT INFORMATION: (Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:) | | | |
| Name: | | Address: | |
| City: | State: | Zip Code: | Telephone: |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and agree to conform to all applicable Zoning Ordinances of Blumfield Township. All information submitted on this application is accurate to the best of my knowledge.

I hereby grant Blumfield Township personnel involved with the review of this application permission for reasonable entry onto the above property for investigation specifically related to this application.

SIGNATURE OF APPLICANT: _____ DATE: _____

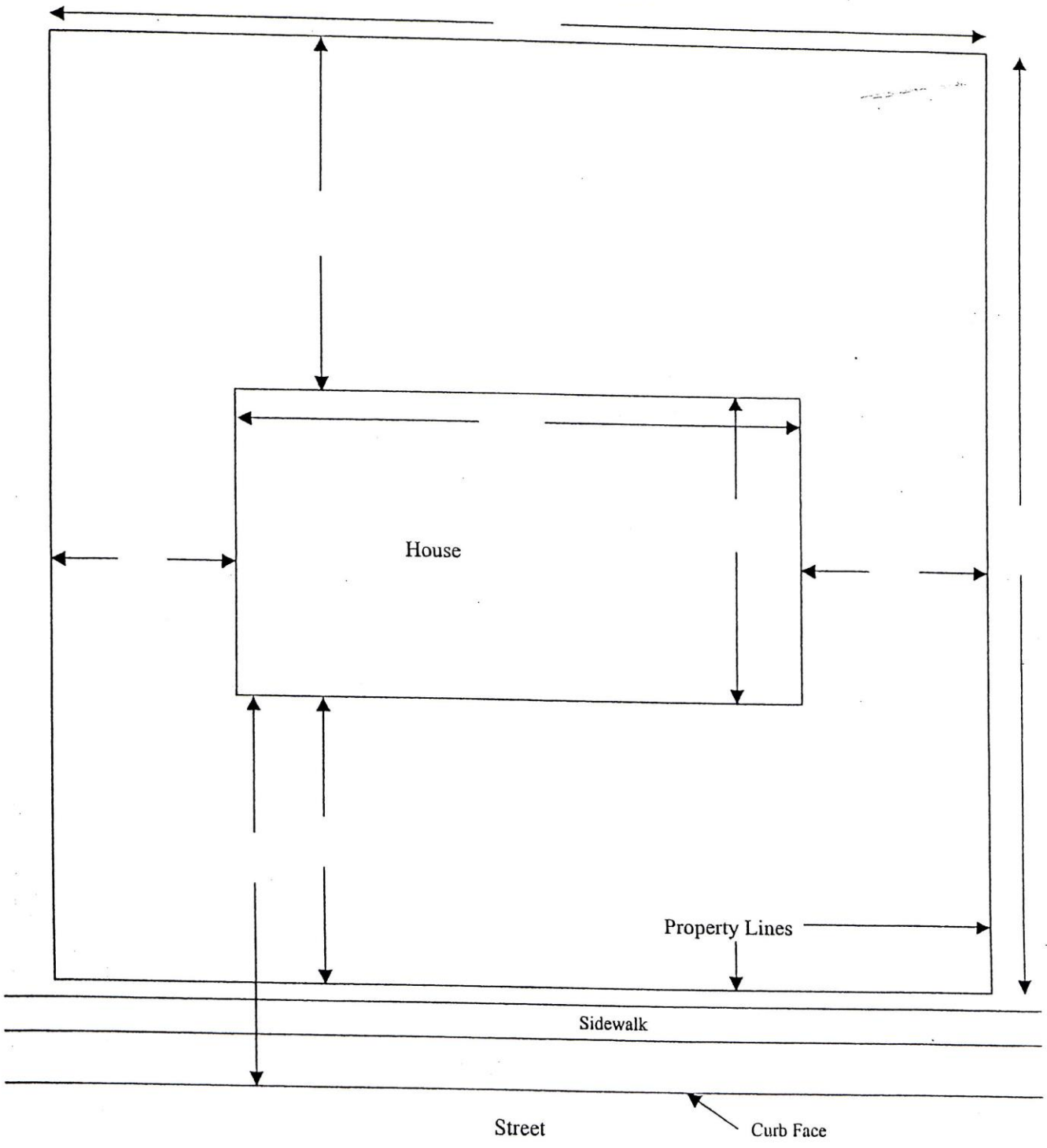
V. FEES RESIDENTIAL \$40.00 AGRICULTURE \$40.00 COMMERCIAL \$150.00

Permit Fee: \$ _____ Cost of Construction: \$ _____

| | Residential | Agriculture | Commercial | Industrial |
|---|---|----------------------|--|----------------------|
| Zoning District | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Zoning Permit Application : | <input type="checkbox"/> Approved _____ | | <input type="checkbox"/> Disapproved _____ | |
| Comments Regarding Zoning: | | | | |
| | | | | |
| Zoning Administrator Signature: _____ Date: _____ | | | | |

Copies of approved permit need to be forwarded to Applicant, Building Inspector, and Assessor

Residential Site Plan



Property Address

Draw In Any Out Buildings And Their Measurements To The Property Line