

Date: _____

Permit # _____

Zoning Permit Application

Comins Township

2090 E. Miller Rd.
PO Box 190
Fairview, MI 48621
(989)-848-5811

Application is hereby made by the undersigned to:

- | | |
|---|--|
| <input type="checkbox"/> Add to Existing Building | <input type="checkbox"/> Place Manufactured Home |
| <input type="checkbox"/> Construct a New Building | <input type="checkbox"/> Other |

Persons Name Making application is: The Owner of the Property
 Name _____ Acting on Behalf of Owner

Address of Property: _____
 Property Tax ID Number _____
 Property Owners Name _____

Property Size _____	Story Height _____
Presently Zoned _____	Building Size _____
Front Yard Set Back _____	Number of Baths _____
Back Yard Set Back _____	Home Crawl ____, Slab ____, Basement ____
Side Yard 1 Set Back _____	Garage detach ____, attached ____
Side Yard 2 Set Back _____	Pole Building _____
Estimated Cost of Project _____	Dirt ____, Slab ____, Limestone ____
	Height

Internal use:
 Provided Copy of Septic Permit Showing Well and Septic Locations _____
 Provided Drawing of Proposed Building and Property Dimensions _____

Approved _____ Date Approved: _____