

NO. _____

ZONING COMPLIANCE PERMIT
ARLINGTON TOWNSHIP, VAN BUREN COUNTY, MICHIGAN

Date Received: _____

By: _____

Fee Paid: _____

1. Name of owner or agent: _____
2. Legal Description: (tax #, lot #, metes and bounds; may be attached,) _____
3. Street Address: _____
4. Size of the lot or parcel: _____
5. Describe what is currently on the property: _____
6. Is the property subject to any deed restrictions? Y N (If yes, please attach a copy.)
7. What is the current zoning of the property? _____
8. What is the proposed use for the property? _____
9. Is the property subject to a current special use permit? Y N
10. If yes, describe the nature of the permit. _____

Name of Applicant (printed or typed) _____

Signature of Applicant _____

Address _____

Contacts: Home Phone _____ Business Phone _____ Cell _____

In my capacity as Zoning Administrator for Arlington Township, Van Buren County, Michigan, I certify that the proposed use as described in this document is a permitted use in its respective zoning district. Under no circumstances shall this be considered a building permit.

Name: _____

Date: _____

Signature: _____

Please attach site plan.