## ZONING PERMIT APPLICATION BIRCH RUN TOWNSHIP

8425 Main Street, P.O. Box 152 Ph.#(989) 624-9773 Fax #(989) 624-1177

NAME		
ADDRESS		
PHONE (home)	PHONE (work)	
Tax Parcel # of lot	Zoning District	
Application Fee	<u>\$45.00</u>	
Proposed use of par	pel	
size (giving a utilities, driv other water i and/or septic relationship distances (ft. please indica dimensions. indicate Nort	ed Drawing. Drawing may be on 8 ½ x 11 paper. Sketch your lot ll dimensions), location of house, well, septic system or public eway, and any easements, lake, river, stream, pond, county drain or inpoundment. Also show the location of any neighboring wells systems within 75' of your property. Be very specific as to the between the lot size, house layout, and septic layout. Please show the between the house location and property lines. If a scale is used, see the dimensions used (e.g. 1" = 10"). Indicate all building Give exact dimensions and height of proposed building. Please in arrow.	
Department		
Applicant's Signatu	Date	
Office use only Check one: Applica	ion approvedApplication denied	
*If the application is	denied, a separate sheet listing reasons for denial will be attached.	
DateAn	ountCheck #Cash	
Signature Zoning A	ministrator	