

WAYNE TOWNSHIP, COUNTY OF CASS

Application for Zoning Ordinance Certification Permit

APPLICANT INFORMATION

Name _____
Phone No. _____
Address _____

PROPERTY INFORMATION

Owner's Name _____
Owner's Address _____
Location and Address of site _____
Parcel Tax No _____
Current Zoning _____
Description of proposed new development, alteration, or change(s), in land use or building(s). (Use additional page if needed.) _____

NOTE: A site plan showing boundaries, existing building(s), proposed construction, location of well(s) and sewer system(s) is required. **ALSO:** A certified survey may be required.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate. I also grant to the Zoning Administrator access to the property in question for the purpose of site review(s).

Signature of applicant _____ Date _____

DETERMINATION OF ZONING ADMINISTRATOR:

Date received _____
Permit fee _____
Receipt No. _____ Zoning Administrator _____

White copy: Office Yellow copy: Applicant Pink copy: Building Inspector