

MILLINGTON TOWNSHIP ZONING PERMIT APPLICATION

PROPERTY OWNERS NAME _____

PHONE NUMBER _____

ADDRESS _____

PARCEL ID NUMBER _____

USE GROUP: RESIDENTIAL _____ BUSINESS _____ MOBILE _____ INDUSTRIAL _____

AG RESIDENTIAL _____ LAKE RESIDENTIAL _____

BUILDING SIZE _____ TOTAL SQUARE FEET _____ SKETCH _____

NEW _____ ADDITION _____ REMODEL _____ ACCESSORY BUILDING _____

DECK _____ SIZE _____

PURPOSE USED FOR _____

NUMBER OF FULL BATHS (STOOL, LAVATORY, TUB AND OR SHOWER) _____

NUMBER OF HALF BATHS (STOOL AND SINK) _____

*APPLICANT HAS RECEIVED AND READ AND UNDERSTANDS ARTICLE 12 OF THE MILLINGTON TOWNSHIP ZONING ORDINANCE PERTAINING TO THE AREA, SETBACK & HEIGHT REGULATIONS.

APPLICANTS INITIALS _____

** APPLICANT HAS RECEIVED AND READ AND UNDERSTANDS THE LETTER FROM THE TUSCOLA COUNTY DRAIN COMMISSIONER PERTAINING TO THE RIGHT-OF-WAYS OF COUNTY DRAINS. INITIALS _____

DATE: _____ APPROVED: _____
ZONING ADMINISTRATOR

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

PHONE NUMBER:MOBILE _____ LANDLINE _____