

SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion, Michigan

Telephone (517) 629-2604
Fax (517) 629-8945

DATE: _____

PERMIT NUMBER: _____

APPLICATION FOR: _____ ZONING; _____ CONDITIONAL USE PERMIT; _____ O.R.V. TRACK PERMIT

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

PROPERTY TAX I.D. #: _____ TOTAL SIZE OF PARCEL: _____

LOCATION OF PROPERTY: _____

ACTION REQUESTED: _____

=====

NOTICE: BY REQUESTING THIS CONDITIONAL USE THE UNDERSIGNED AGREES TO PAY ALL COSTS EXPENDED BY THE TOWNSHIP FOR THE CONSIDERATION OF SAME INCLUDING BOARD FEES, PUBLICATION NOTICE COSTS, EXPERT FEES INCLUDING BUT NOT LIMITED TO THE TOWNSHIP PLANNER, ENGINEER AND TOWNSHIP ATTORNEY AND ANY OTHER NECESSARY EXPERTS. THE OWNER DOES EXPRESSLY GRANT TO THE TOWNSHIP FOR THE ENFORCEMENT OF THE ZONING ORDINANCE, THE POWER AND AUTHORITY TO ENTER UPON THE PREMISES AT ANY REASONABLE TIME FOR THE PURPOSE OF INSPECTION AND ENFORCEMENT OF THE TERMS THIS ORDINANCE OR THE TERMS OF THE CONDITIONAL USE PERMIT.

AN ACCURATE SURVEY DRAWING TO SCALE OF SAID PROPERTY, MUST BE PRESENTED WITH APPLICATION SHOWING THE EXISTING AND PROPOSED LOCATION OF ALL BUILDINGS AND STRUCTURES ALONG WITH THE SET BACKS.

I HEREBY CERTIFY THAT ALL INFORMATION SUPPLIED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER.

All signatures must be Notarized

SIGNATURE OF PROPERTY OWNER: _____

Subscribed and sworn to before me

Name of Notary _____

This ___ day of _____ 200__

County _____

Signature of Notary Public

Comm. Expires _____

=====

Date: _____ Present Zoning: _____ Application Approved: ___ Yes, ___ No

Zoning Administrator: _____

Remarks: _____
