Date of Application _____

ZONING PERMIT APPLICATION
BIRCH RUN TOWNSHIP
8425 Main St. | 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 $65.00

Proposed use of parcel _____

- Attach a Scaled Drawing. Drawing may be on 8 ½ x 11 paper. Sketch your lot size (giving all dimensions), location of house, well, septic system or public utilities, driveway, and any easements, lake, river, stream, pond, county drain or other water impoundment. Also show the location of any neighboring wells and/or septic systems within 75' of your property. Be very specific as to the relationship between the lot size, house layout, and septic layout. Please show the distances (ft.) between the house location and property lines. If a scale is used, please indicate the dimensions used (e.g. 1" = 10'). Indicate all building dimensions. Give exact dimensions and height of proposed building. Please indicate North arrow.

The attached sketch is accurate and shows the layout of the property and any and all proposed construction. Any alterations(s) will need written approval by the Zoning Department

_____ _____
Applicant's Signature Date

Office use only
Check one:
_____ Application approved _____ Application denied

*If the application is denied, a separate sheet listing reasons for denial will be attached.

Date: _____ Amount: _____ Check #: _____ Cash: _____

_____
Signature Zoning Administrator