

APPLICATION FOR ZONING CERTIFICATE

WR-2

Owner _____ Telephone _____

Address _____

Contractor _____ Telephone _____

Address _____

Legal Description of Property:

Located on the:

side:

N S E W of _____ St/Rd

Between _____ St/Rd and _____ St/Rd

SHOW ALL DETAILS ON SKETCH BELOW

Measurements of Property
Dimensions of existing and proposed buildings
Distances from all buildings to property lines
Location of well if existing
Location of septic tank and drain field

Proposed Use _____

_____ Estimated Cost _____

Zoning District _____

Twp. _____

House Number _____

I hereby declare that the above and attached information is correct and that the building or the proposed use of a building or land complies with all provisions of law.

Signed by _____

Address _____

who hereby declares that he has been duly authorized by the Owner/Lessee to make the above application and agreement.

Date of Application _____

Permit Fee _____

Zoning Approved or Denied:

Date: _____

Zoning Inspector

Permit No. _____ Issued _____