

ZONING PERMIT APPLICATION

Webber Township

2286 W. Springtime St Baldwin MI 49304 (231) 745-3471

Zoning Administrator Christopher Jacobs (231) 942-6299

Zoning Permit: Special Use Permit: Permit #

Applicant: _____ Phone # _____

Mailing Address:

Site Location: _____

Project Type: New Building _____ Addition _____ Pole Building _____

Garage (attached) _____ Garage (detached) _____ Other _____

Mobile Home Set-up _____ year _____ Premanufactured _____ Year _____

This building will be used for

Commercial _____ Residential _____

Lot Size _____ Size of Building: Height _____ Width _____ Length _____

Square feet _____ Soil Erosion Permit required Yes _____ No _____

Distance from Lake or Stream: () within 500 Feet () not Within 500 Feet

Construction Start Date _____ Completion Date _____

Fee _____

Special Consideration:

Applicant Signature _____ Date _____

Permission is hereby () Approved () Not Approved

Recommended

Signed: _____

Date: _____