

Milton Township Offices
P.O. Box 309, 7023 Cherry Ave.
Kewadin MI 49648

Phone: (231) 264-6697 / Fax: (231) 264-6728

Milton Township – Zoning Permit Application
(Required for a County Building Permit)

Please provide the following information:

Name: _____

Address: _____

City – State – Zip: _____

Title: _____

Company Name: _____

Work/Home Phone: _____ Cell Phone: _____

Fax/Other Phone: _____ Email: _____

Builder's Name: _____

Builder's Company Name: _____

Builder's License Number: _____

Builder's Telephone Number: _____

PROPERTY INFORMATION & PROPOSED APPLICATION USE

Property Tax Number: _____

Legal Description of Property: _____

Directions to find Property: _____

Type of Building: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Number of Stories: _____ Sq. Ft. Living Area: _____

Building Width: _____ Building Length: _____

FOUNDATION & GARAGES

_____ Basement
_____ Slab
_____ Crawl Space

_____ Attached Garage
_____ Detached Garage
_____ No Garage

Alterations or Addition to Existing Buildings – Describe:

Required Setbacks:

Front Yard _____ Each Side Yard _____ Rear Yard _____

CURRENT ZONING ON PROPERTY

_____ Residential One (R-1) _____ Manufacturing
_____ Residential Two (R-2) _____ Planned Development Zone
_____ Residential Three (R-3) _____ Environmental
_____ Commercial _____ Agricultural
_____ Industrial

Additional Comments: The applicant must provide a site plan of the property identifying property boundaries, site plan, easements and all buildings. A survey may be required.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we hereby certify that all provisions of the **Milton Township Zoning Ordinance** and other applicable laws and requirements are to be complied with. The owner also grants permission for Township officials to access the property for premise inspection and compliance of the Zoning Permit.

Owner or Agent Signature: _____

OFFICE USE ONLY

Permit Issued By:
Date of Issue:
Comments:

Permit Number:
Site Inspection: