## **MILTON TOWNSHIP**

Permit # ZP 2024-

APPLICATION FOR ZONING PERMIT P.O. Box 309, 7023 Cherry Avenue, Kewadin, MI 49648 (231) 264-6697 / fax: (231) 264-6728 miltonzoning@gmail.com

Parcel #: 05-12 Property Address:				
			No □ <b>If so, what</b> ?	
	of a Lake, River, o equired in addition		lo $\square$ If yes – a separate shoreline	stabilization
Zoning District	: R1 □ Ag/Res [ ation: □ New Hom	_	gemog □ None □ e □ Mfg. □ Enviro □ Agricu □ Acc. Bldg. □ Addition □ De	
Description/Int	ention:			
Lot: width:	depth:	area:	Width thru bldg. core:	
	<ul> <li>be sure these are</li> </ul>		left: right: e site plan – ACTUAL measureme	
Structure width	າ:	depth:	height:	
Foundation: Fu	ıll Basement □ F	Partial Basement □	Crawl □ Slab □	
APPLICANT INFO	RMATION			
Owner Name: _			Phone:	
			Email:	
Contractor:			Phone:	
Mailing Address	: <u></u>		Email:	
used, and the exact size easements. A survey m views, floor plans. Addit agree with permit, plan, construction if conflict ar administrator. Setbacks Administrator to access record and that I have be	e and location on the lot of all hay be required. Application tions and remodels may required and township zoning ordinal rises. Permit expires in 12 m are measured from farthest property during, before or up een authorized by the owner	I existing and proposed structure must be submitted with build uire plans and or pictures of ince, and will comply with location on the if work not started and protrusion of structure such con completion of projects.	ing the actual lines, angles and dimensions of the lotures and uses, together with specifications, propering plans, (electronic preferred), including but not line existing structure along with the plans to renovatil, state, and federal laws. Owner and applicant agre 18 months from date of issuance. If extension is ne is eaves or balconies, but not gutters. Permission ghereby certify that the proposed work is authorized and requirements.	ty boundaries and mited to all elevation te. Construction will be to halt leded contact zoning ranted to Zoning by the owner of
Applicant/Agent	:		Date:	
		OFFICE USE	ONLY	
Approved: □	Denied: □	Fee Paid:	Permit#:	
Zoning Administrator:			Date:	
COMMENTS:				

<sup>\*</sup>Setbacks are measured to the eaves/overhangs, not the foundation