MORTON TOWNSHIP
ZONING COMPLIANCE PERMIT APPLICATION

Permit #: -

(Please Print)

OWNER _____ SECTION _____

ADDRESS _____

CITY & ZIP _____ PHONE _____

PARCEL # 54-11-_____

PROP ADDRESS _____

PROPOSED USE _____

CONTRACTOR IF DIFFERENT FROM OWNER

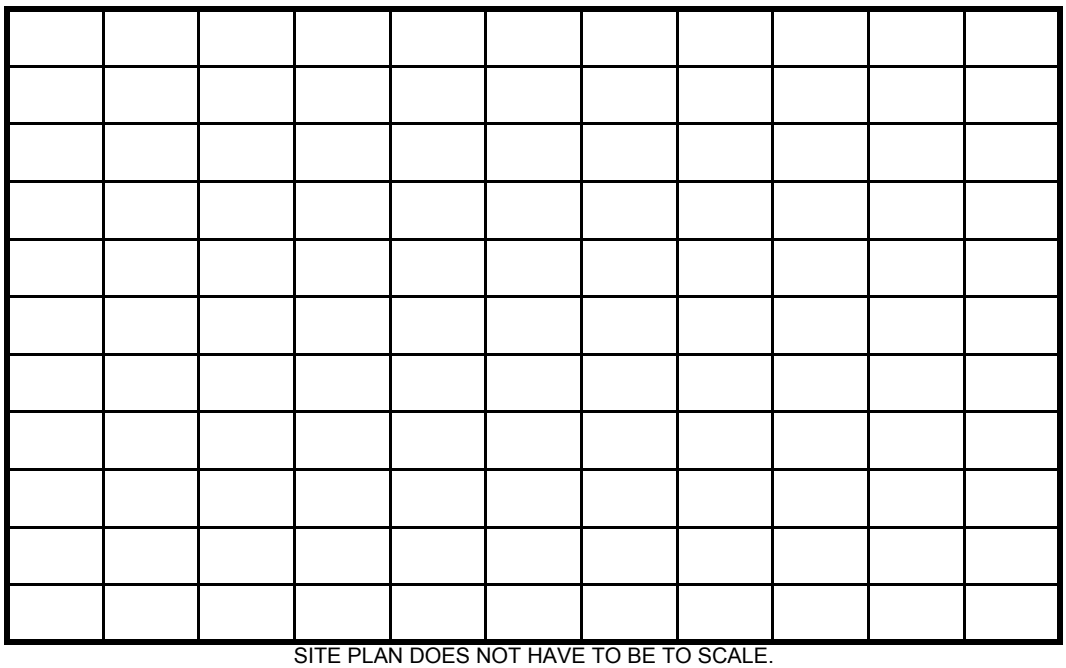
NAME _____

ADDRESS _____

FOR OFFICIAL USE:
ZONING DISTRICT: _____
SETBACKS*
Required:
_____ _____ _____
Front Side Rear
Actual:
_____ _____ _____ _____
Front LSide RSide Rear

*SET-BACKS are measured from the road right-of-way and/or lot line to closest point on building including decks, porches, overhangs & chimneys, etc.

DRAW THE SITE PLAN SHOWING THE FOLLOWING 9 ITEMS:



1. Measure to all lot lines & show footage
2. Existing roads and right-of-way
3. Buildings (existing & proposed)
4. Porches and decks
5. Septic System and Wells
6. Bodies of water
7. Natural features
8. Show North with directional arrow
9. Measure distance and give dimensions to lot lines, roads, etc.

SITE PLAN DOES NOT HAVE TO BE TO SCALE.

"SEE ATTACHED" will not be accepted.

I hereby certify that the information contained on this application is correct, and that all uses for which this application is made conform to the Morton Township Zoning Ordinance.
I further certify that this permit is subject to the terms and conditions of the Zoning Ordinance and that violation of these terms will be sufficient grounds for revocation of this permit.
With this permit I grant permission to Morton Township Building, Zoning and Assessing Officers/Employees to enter the property for inspections.

_____ _____
Applicant Signature Date

SOIL EROSION PERMITS CAN BE OBTAINED FROM MECOSTA COUNTY DRAIN COMMISSIONER'S OFFICE
WELL & SEPTIC PERMITS CAN BE OBTAINED FROM THE DISTRICT #10 HEALTH DEPARTMENT

ZONING APPLICATION: _____ APPROVED _____ EXEMPT _____
SIGNATURE /DATE

OFFICE USE ONLY
AMOUNT: $20.00 PAYMENT RECEIVED DATE: _____ CHECK #: _____ PB#: _____

THIS PERMIT FEE IS NOT REFUNDABLE.

01/16/2006 JHW