Green Charter Township Zoning Application Permit # _____

Please Print

Owner_____ Parcel Number 54-01-_____-_____-_____

Address_____ Section _____ Lot/Parcel Size: _____

City_____ State_____ ZIP_____

Phone _____ email: _____

Contractor _____ Company _____

Address_____ email: _____

City_____ State _____ ZIP _____

Proposed use_____ Building On: ☐ New Site ☐ Existing Site

Location: On _____ road, _____ (mile) **N S E W** of _____ on the **N S E W** side.
(Your Road) (How far?) (cross road)

Complete the Site Plan Showing:

1. **All lot lines**
2. **Existing roads and right–of-way**
3. **Buildings (existing & proposed)**
4. **Septic System & Wells**
5. **Bodies of water**
6. **Natural features**

For Office Use: Use Type:_____

Zoning District: _____

Setback: _____ _____ _____
Front **Side** **Rear**

***Setbacks are measured from the road right-of-way, not edge of road.**

Mecosta County Health Dept.

_____ APPROVE _____ EXEMPT

Mecosta County Road Comm.

_____ APPROVE _____ DENY

Mecosta County Drain Comm.

_____ APPROVE _____ EXEMPT

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 Green Charter Township Zoning Ordinance. I further certify this permit is subject to the terms and conditions of the Zoning Ordinance and violation of these terms will be sufficient evidence for the revocation of this Clearance. With this permit I grant permission for Green Charter Township Zoning, Building and Assessing officials or employees to enter the property for inspections.

Applicant Signature _____ Date _____

Comments_____

_____

_____ APPROVED _____ EXEMPT Signature_____ Date_____