

# SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion Michigan

Telephone (517) 629-2604

Fax (517) 629-8945

## APPLICATION FOR ZONING PERMIT

Payment must be made when Application is submitted.

Date:

Commercial

Residential

Email permit to:  
(Owner/Contractor)

(Office Use) Permit No: \_\_\_\_\_

Application For: **Zoning Permit**

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Property Tax ID #

Total Size of Parcel:

Location of Property:

Work Being Done / Additional Information:

### Type Of Improvement

New Building

Alteration/Addition

Foundation

Relocation

Mobile Home Setup

Pre-Fab Home

Other (Please describe)

**Notice: The Owner does expressly grant to the Township for the enforcement of the Zoning Administrator, the power and authority to enter upon the premises at any reasonable time for the purpose of inspection and enforcement of the terms of this ordinance or the terms of this permit.**

**An accurate drawing to scale of said property, shall be presented with application showing the existing and proposed location of all buildings and structures along with the setbacks.**

**I hereby certify that all information supplied on this form is true to the best of my knowledge and belief.**

**This Application must be signed by the property owner or legal representative**

**Signature of Owner:**

**Date:**

**(OFFICE USE)**

APPROVED

DENIED

**Notes:**

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## ZONING FEE SCHEDULE

### Schedule A

APPLICATION FEE	(REQUIRED FOR ALL PERMITS)	\$10.00
ZONING	(INSPECTION REQUIRED)	\$40.00

### **ZONING INSPECTION WILL BE COMPLETED AND APPROVED BEFORE ANY PERMITS ARE ISSUED:**

**Construction work shall not start until the application for the permit has been approved and the necessary permits issued. If work is started prior to obtaining the proper permits an additional \$100.00 will be added to the permit. All installations shall be in conformance with the Building Code.**

***No work shall be concealed until it has been inspected.***

*It is the obligation of the party to whom the permit was issued to obtain all inspections for the job, failure to obtain an inspection for the work will impose an additional \$100.00 late fee and notification to the State Construction Agency of any professionally licensed contractor who failed to request the required inspections for the job.*

**When ready for an inspection, contact the Zoning Administrator to set up a time to fit your schedule and their schedule. Provide as much advance notice as possible.**

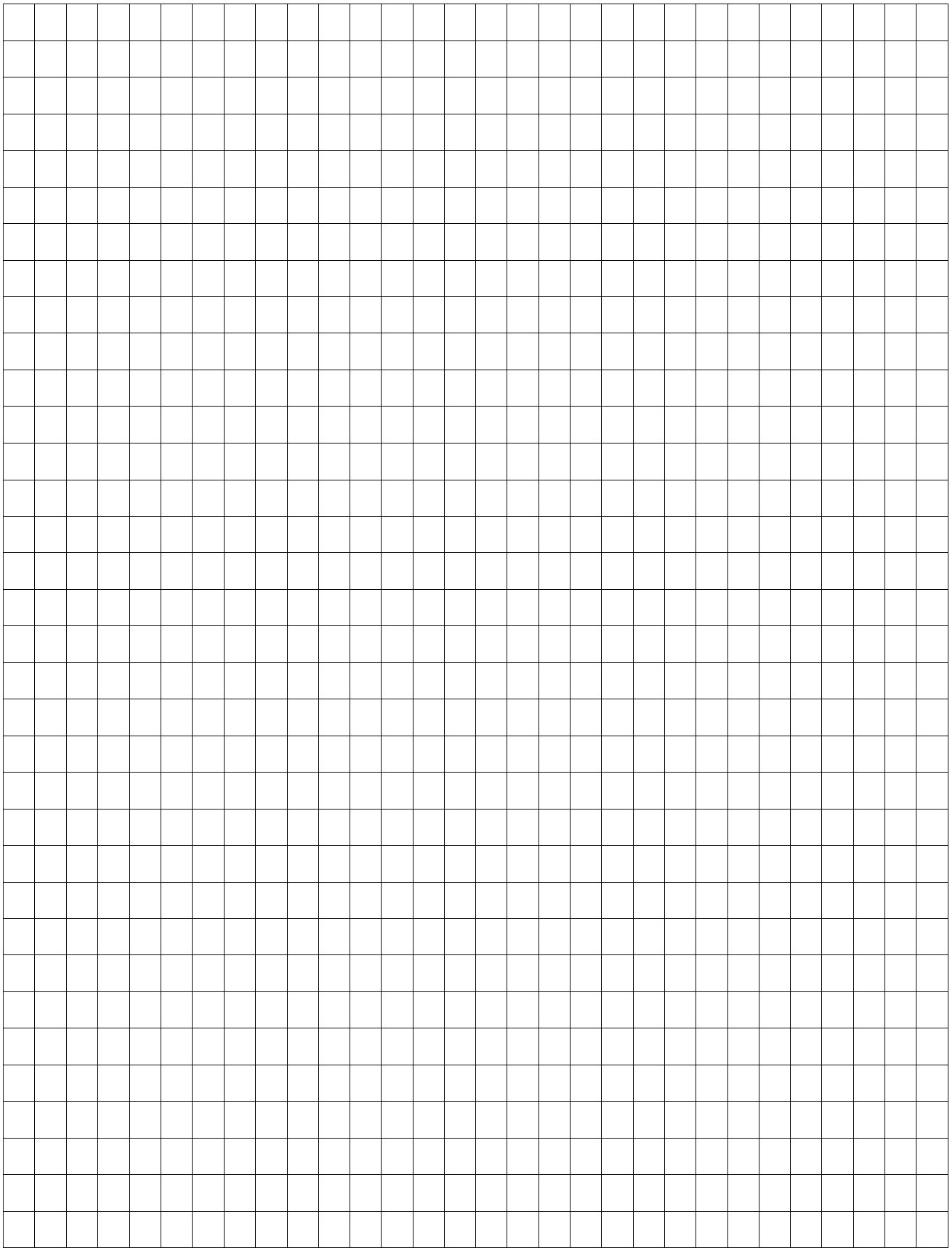
**YOU MUST PROVIDE THE ADDRESS AND PERMIT NUMBER WHEN YOU CALL.**

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work does not commence within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

**A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITH SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION.**

**CANCELED PERMITS WILL NOT BE REFUNDED OR REINSTATED.**

**ALL FEE'S ARE PAYABLE TO SHERIDAN TOWNSHIP AT TIME APPLICATION IS FILED.**



**Indicate Direction of North Within the Circle:**

