TOWNSHIP ZONING APPLICATION AND PERMIT Permit # Property **BOYNE VALLEY TOWNSHIP** Tax # _____ Date Received _____ Site Plan Required Yes ____No Survey Required ___ Yes Zone District ___ No ACTION: Accepted_____ Denied _____ Date ____ Referred to: Permits Required: ___ Zoning Board of Appeals ___Health Dept. Explanation: ____Planning Commission ___Building Dept. ___(Special Use) ___Road Commission ___(P.U.D.) ___Soil & Erosion ___(Rezone) ___Corps of Engineers D.N.R. Type of Improvement: (describe) Property Owner's Mailing Address: Street: _____ City & Zip: _____ Dimensions: Please include proposed building with dimensions (include height); lot or parcel dimensions; front, side and rear yard distances to lot line or other structures; well and septic location; adjacent roads (use name), lakes, streams, easements, or other dedicated rights-of-way. Hereby agree to comply with the provisions of the Zoning Ordinance of the Township of Boyne Valley, in the installation construction, alterations, addition, or demolition described herein, and, if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his selected agent. Owner or selected agent: Date:_____

 Owner or selected agent:
 Date:

 Zoning Administrator:
 Date:

 Planning Commission:
 Date:

 Zoning Board of Appeals:
 Date: