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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | | | First | | |  | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | | | | | |
| City | | |  | | | | | | | | | | | | | | | | State | | |  | | | | | | ZIP | | |  | | | | | | | | | | | | |
| Phone | | |  | | | | | | | | | | | | | | | | Email Address | | | | | | |  | | | | | | | | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT PROPERTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | Block | | |  | | | | | Lot(s) | | | | |  | | | | |
| Zone |  | | | | | | | | Plate | |  | | | Is property covered by Home Owners Association? | | | | | | | | | | | | | | | | | | Yes | | | No | | | If “Yes” attach HOA approval. | | | | | |
| Has there been any appeal, request or application to any Township Boards regarding this application? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | If “Yes” attach approval. | | | |
| TYPE OF DEVELOPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Construction | | | | | | | |  | | Addition | | |  | Garage | |  | | Fence | | |  | Pool | | |  | | Temporary Sign/Banner | | | | | | | | | |  | | Sign | |  | Use Permit |  |
| Other | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Descriptions of work (give dimensions, describe materials, etc.) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Setbacks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front | | | | | | |  | | | | | Rear | | |  | | | | | | | | Side | | | | | | |  | | | | | | Side | | | |  | | | |
| Street frontage | | | | | | |  | | | | | Lot depth | | |  | | | | | | | | Building height | | | | | | |  | | | | | | Other | | | |  | | | |
| **I swear that the above application is true and correct to the best of my knowledge.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |
| **SIGNATURE OF APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | |  | | | **DATE OF APPLICATION** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| for office use only | | | | | | | | | | | | | | | | | | | | | | |
| Date received | | | | | | |  | | | | | By | |  | | | | | | | | |
| taxes | | | | | | | | | | | | | | | | | | | | | | |
| Current | | | | | | |  | | | | | Delinquent | | | | |  | | | | | |
| for zoning official use only | | | | | | | | | | | | | | | | | | | | | | |
| Approved | | | | | | |  | | | | | Denied | | | | |  | | | | | |