Fremont Township
County of Isabella

Application for Zoning Permit

I/We do hereby make application for a zoning permit in accordance with the zoning ordinance for Fremont Township as adopted by the Fremont Township Board on February 21, 1995, and as amended pursuant to the provision of Act 183 of the Public Act of 1943 as amended.

Name_____Building Address_____

Township FREMONT Section_____

Legal Description_____
_____
_____
Location by Road_____

Size of Bldg._____Height of Bldg._____Bldg. faces_____

Type of Construction_____Type of Foundation_____

Size of Garage_____Attached___Unattached____Basement_____

Approval of Sanitation_____Permit Number_____Chimney Type_____

Property is zone for (District)_____

Purpose of permit:_____

Two (2) copies of the site plans are attached, drawn to scale in ink or prints of same, showing the actual shape and dimensions of the lot to be built upon, the exact location, size, and height of the building and accessory building existing, and the lines within which the building or structure is to be erected or altered. The existing and intended use of each building or part of the building, the number of families or housekeeping units the building is designed to accommodate and such other information with regard to the lot and neighboring lots that may be necessary to determine and provide for the enforcement of this ordinance shall be furnished. One (1) copy of such plans shall be returned to the owner when such plans hall have been approved by the zoning official together with such permits as may be granted. the lot and the location of the building thereon shall be staked out on the ground and inspected by the zoning official before construction is started.

I hereby acknowledge that I have reviewed the set-back, side yard, rear yard and all other requirements of the township zoning ordinance.

Contractor's License Number and Name_____

I will do the work myself YES_____NO_____ Initials Date

Signed_____PERMIT APPROVED:_____
Initials Date

By_____PERMIT DENIED:_____
YOU MAY HOWEVER APPEAL THIS DECISION TO THE ZONING BOARD OF APPEALS.

Present Mailing Address_____

Phone_____ _____
Township Zoning Official

REMARKS:_____

_____