

ZONING PERMIT APPLICATION

AuGres Township
1865 Swenson Rd.
P.O. Box 783
AuGres, MI 48703

**APPLICATION FEE MUST BE PAID BEFORE
APPLICATION WILL BE PROCESSED**

Date _____

Applicant's Name _____ Phone _____

Address _____ Email _____

Owner's Name _____ Phone _____

Address _____

Property Tax I.D. Number _____

Proposed Useage _____

Address If Different Than Above

Layout Drawing

APPROVAL OF ADJACENT OWNERS OR OCCUPANTS:

I hereby certify that all use for which this application is made will conform with ordinances affecting AuGres Township, Arenac County and the State of Michigan.

Property Owner _____ Applicant's Signature _____

As all conditions required by AuGres Township Zoning Ordinance No. 101 (are) (are not) complied with, this Land-Use Permit is hereby, as of this date (APPROVED) (DISAPPROVED) for period of _____ from date.

AuGres Township Zoning Administrator

Date _____ 20 _____

AuGres Township Board