

CHASSELL TOWNSHIP ZONING PERMIT/APPLICATION

PO BOX 438, CHASSELL MI 49916

PHONE (906)523-4000; chassellza@up.net

Township Use _____

Date Issued: ___/___/___

Permit Number: ___ - _____

Please Complete as much as possible:

Application Date: ___/___/___

Applicant Information:

Owners Name(s) _____

Mailing Address: _____

City _____ State: _____ Postal Code: _____ Telephone: _____ - _____ - _____ Cell(Y/N) _____

Email Address: _____ Other Phone: _____ Best Time to Contact: _____

Project Information:

Physical Address: _____

Directions to Site: _____

Property Tax ID: _____ Lot Size: _____

Contractor Name: _____ Phone Number: (____)-____-_____

Type Of Improvement:

Demolition New Construction Addition Relocation Alteration Repair/Replacement

Proposed Use:

Single Family Multiple Family Garage Storage/Out Building Commercial Other

Notes: _____

Square Footage of Construction: _____ Off Street Parking # of spaces: _____

Water Supply : Public Private Well Shared Well

Sewage Disposal: Public Private Septic Shared Septic

Township Use _____ Street Setback _____ Rear Setback: _____ Left Side Setback: _____ Right Side Setback: _____

Zoning District: _____ Use(Primary/Secondary): _____ Approval(Yes/No) _____

Township Official: _____

Signature: _____ Date: ___/___/___

Board Of appeals if needed: Approval(Yes/No) _____

Township Official: _____

Signature: _____ Date: ___/___/___