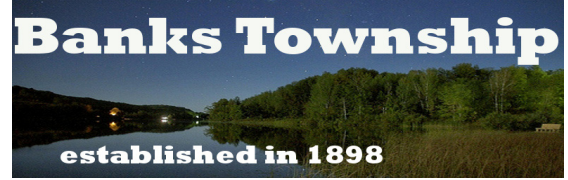


# ZONING PERMIT APPLICATION

Banks Township, Antrim County, Michigan  
6520 Center Street, Ellsworth, Michigan 49729

Phone: 231.588.6126 / Website:  
www.bankstownshipmi.gov

Zoning Administrator: Kurtis Busman  
(231) 676-2414 or zoning@bankstownshipmi.gov



Application Number: \_\_\_\_\_

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## PLEASE COMPLETE THIS FORM AND SUBMIT TO BANKS TOWNSHIP WITH THE FOLLOWING ITEMS (as applicable)

- Health Department of Northwest Michigan (well/septic)
- Soil Erosion Permit from Drain Commissioners office
- Driveway Permit (Antrim County Road Commission or M-DOT)
- Any required Michigan Department of Natural Resources permits

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## PROPERTY INFORMATION

Parcel #: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Property Owner's Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Description of Proposed Improvements: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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## DIMENSIONAL SITE PLAN

A detailed sketch is required and must include all structures on the property, proposed structures with dimensions (including heights), parcel dimensions, setbacks from lot lines, and road rights of way. Dimensions shall include drip edges, not only foundations.

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## AFFIDAVIT

Affidavit: The undersigned affirms that he/she is the \_\_\_\_\_ (owner, agent, lessee, or other interested party) involved in this petition and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. By making this application, the undersigned grants all officials, staff and consultants of Banks Township access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Zoning Ordinance compliance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## BELOW IS FOR TOWNSHIP USE ONLY

Date Received: \_\_\_\_\_ ZA Signature \_\_\_\_\_

Payment Received: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Setbacks Met: \_\_\_\_\_ The proposed use is permitted by the Banks Township Zoning Ordinance

\_\_\_\_\_ The application is complete as required under the Banks Township Ordinance

NOTES: