

Polk Township

Zoning Permit Application

Date of Application: _____

Property Owner: Name _____

911 Building Site Address: _____

Legal Description:

Current Zoning: (check one) A-1___ R-1___ R-2___ C-1___ C-2___ M-1___ M-2___

Type of Construction: (check one) New___ Addition___ Other___

Proposed use of Structure (check one) Home___ Garage___ Barn___ Storage___

Size of structure: _____sq. ft. Number of units: _____

Estimated cost of project:\$ _____

Person Responsible for construction: (check one)

Owner___ Contractor___ Architect___ Engineer___ Other___

Name: _____ Address: _____ Phone: _____

Permit applied for by: Owner___ Contractor___

Applicant Signature: _____ Date: _____

Above signature states that you have read, and understand Polk Township Zoning ordinances and will follow all rules and setbacks located within these ordinances.

Attached Other Documents: Plot Plan ___ Special Use Permit Application ___ Rezoning Application ___
Application for Subdivision ___ Other ___

Total fee presented at time of application= sq ft. _____ X _____ (rate)= \$ _____

Minimum Fee \$ _____ (may apply)

Payment by method: Check___ Money Order___

Receipt Number _____

Accepted___ Denied___

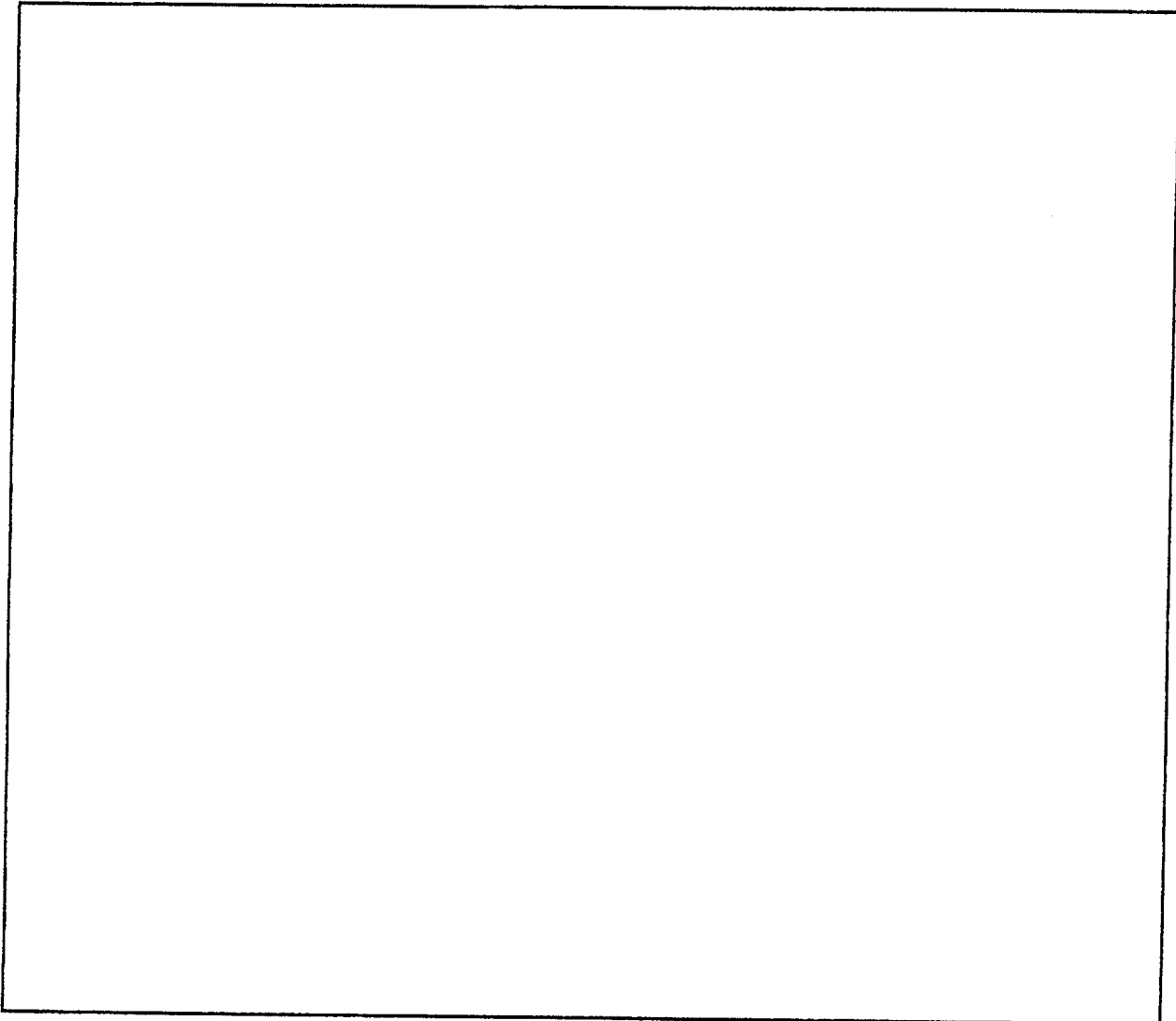
Zoning Officer _____ Date: _____

PLOT PLAN

SITE AREA _____ Sq. Ft. or Acres

INSTRUCTION

This form need not be used if application is filed with a plat drawing to scale with each structure shown with set back measurements. Please us the box below to indicate the placement of all structures and set back measurements from property lines.



North Arrow _____ .

I/We certify that the construction will conform to the dimensions and uses shown and that no changes will be made without obtaining approval.