## Know what's below Call before you dig. www.call811.com

## **COLDWATER TOWNSHIP**

319 SPRAGUE STREET, COLDWATER, MI 49036
PHONE 517-279-9388
HOURS 8:30 - 4:30 Monday - Friday

Permit No.:	
·	
FEE:	

www.call811.com or MISSDIG @ 1-800-482-7171		Zoning Application			Est. Cost:		
IT'S THE LAW	Parcel ID No.:	070 -	-				
	Project Locat	ion or Add	ress:				
Request:  Zoning Permit  Planned Unit Dev	velopment	_Site Plan I _Special La		Other : Permit After-t	he-Fact - <b>TRIF</b>	PLE REGULAR FEE	
Applicant Name:Street Address:							
City:					Zip Code:		
Phone Number(s): _				Email:			
Applicant is the:	Owner L	essee	Optionee	Contractor/ Architect	Other:		
Property Owner/ Co Street Address:						Same as above	
City:	State:				Zip Code:		
Phone Number(s): _				Email:			
Project Information				Diamenting of accept			
Proposed Use: Size of building, stru							
Set Backs:	Front yard:		Side va	ard (1) :	ight:	(2):	
	Water front yard		Rea	ar yard:	Side yara	(2).	
Date Received  Zoned District  Zoned District		Legal [ Site Pl Fee Pa	aid	Approved / Denied Da			
F)							

I agree the statements made above are true, and if found not to be true, any Zoning Permit issued may be voided. Further I agree, any Zoning Permit issued is with the understudying all applicable sections of the Coldwater Township Zoning Ordinance will be complied with. Also, I agree to notify the Coldwater Township Zoning Administrator for the inspection before the start of construction and when locations of proposed uses are staked on the ground. Further, I agree to give permission for officials of Coldwater Township, the County and the State of Michigan to enter the property subject to this permit application for purpose of inspection. Also, I understand any Zoning Permit issued only conveys land use rights and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signature: Date:

**Planning Commission Secertary:**