

Pittsford Township Zoning Permit

Applicant Information

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner Information: (If different from applicant)

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Property Information:

Address / Location: _____

Currently Zoned: _____

Property Size: _____

Tax ID / Parcel Number: _____

Description of Proposed Use / Request

I hereby certify that I am either the owner of record of the property or that I have been authorized by the owner to make this application as his/her agent and the proposed work is authorized by the owner of record and i/we agree to conform to all applicable laws of the state of Michigan. All information submitted on this application is accurate to the best of my knowledge. I acknowledge receipt of and agree to comply with the Hillsdale building guide.

Signature of Applicant: _____

I hereby grant permission for the Zoning Administrator of Pittsford Township or his/her authorized agent to enter the above described property for the purposes of gathering information related to this application.

Signature of Applicant: _____

-----For Official Use Only-----

Permit Number: _____ Issue Date: _____

Permit Fee: \$ 5.00 Method of Payment: _____ Check #: _____

Permit Status: _____ PTZA: _____

Site Inspection Status & Date: _____