

NO. \_\_\_\_\_

### ZERBE TOWNSHIP ZONING PERMIT APPLICATION

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

Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Zoning District of Proposed Building or Use: \_\_\_\_\_

Building Type or Proposed Use: \_\_\_\_\_

Building/Project Cost: \_\_\_\_\_

Building Lot Number/Size: \_\_\_\_\_

Dimensions of Building or Addition: \_\_\_\_\_

Location of Building/Project: \_\_\_\_\_

Present Land Use: \_\_\_\_\_

Sewage Permit No.: \_\_\_\_\_  
(if applicable)

Driveway Permit No.: \_\_\_\_\_  
(if applicable)

Plot Plan No.: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Applicant Signature

**Office Use Only**

Approved

Disapproved

Permit Fee: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
Permit Officer Signature