



12803 S. Wacousta Rd., Grand Ledge, MI 48837
 517-626-6593
 517-626-6405 Fax
 www.watertowntownship.com

Application for Industrial/Commercial Zoning Permit

Applicant Name _____
 Applicant Address _____
 City/State/Zip _____
 Phone Number _____ Home Work Cell

Property Owner Name: _____
 Property Owner Address: _____
 City/State/Zip _____
 Phone Number _____ Home Work Cell
 Parcel # 19- 150- _____ Lot Number (if inside development park) _____

Proposed Development: _____
 Size and/or Square Foot of Proposed Development: _____
 Number of Shifts: _____ Number of Employees per Shift: _____
 Number of Deliveries per Week: _____ Truck Semi

Are any changes being proposed to the following:
 Number of Parking Spaces Signage Outdoor Storage of Materials
 Outdoor Lighting Landscaping Fencing and/or Dumpster Placement

AFFIDAVIT OF COMPLIANCE:

- I attest that I am the owner of the described property, or the authorized agent of said owner, and that the specifications of the building or structure, the plot plan, the proposed use of lot, and the property description, which I have submitted, are true and correct to the best of my knowledge.
- I agree to comply with all federal, state, and local laws and ordinances as the same apply to the proposed project site, the lands, waters, air and all uses established in or on them; all plant and animal life and health, safety and welfare of those individuals which the project will or may impact.
- I give my consent to permit the Zoning Administrator and/or Building Inspector or a designee of one or both of those officials to make reasonable inspections of the property.
- I understand this permit will become invalid if the proposed project has not begun within six months.

Applicant Signature _____ Date _____

*****DEPARTMENT USE ONLY*****

AP AG RR R-1 R-2 R-3 VSC MHP B-1 B-2 LI LGRO GRO	Acreage:	Lot Coverage: Permitted Actual	Lot Frontage: Required Actual
Setback (Front Yard): Required Actual	Setback (Side Yard): Required Actual	Setback (Side Yard): Required Actual	Setback (Rear Yard): Required Actual
Floodplain/DEQ: Y N N/A	SLU Permit Number: N/A	Site Plan Review Number: N/A	Aesthetically Compatible: Y N N/A

Site Inspected By: _____ Date: _____ Approved Denied

Comments: _____

Zoning Administrator's Signature: _____

Permit Number _____ Date Filed _____ Fee _____ Receipt # _____

