

JACKSON TOWNSHIP
APPLICATION FOR A ZONING CERTIFICATE

DATE: _____

APPLICATION NO: _____

NAME OF APPLICANT: _____ BEST PHONE#: _____

ADDRESS/CITY/ZIPCODE: _____

NAME OF LOT OWNER: _____ BEST PHONE#: _____

EMAIL (For contact purposes only) _____

ADDRESS/CITY/ZIPCODE: _____

BUILDING SITE ADDRESS: _____

PLAT NO: _____ ESTIMATED VALUE \$ _____

APPLICATION IS HEREBY MADE TO: (check one)

- Build a New Home Build a Garage/Accessory Building Room Addition
- Place a double wide Other _____

CHARACTER OF CONSTRUCTION: Wood Brick Metal Other _____

SIZE OF PROPOSED STRUCTURE:

Width (frontage) _____ft. Depth (sides) _____ft. Height _____ft.

SIZE OF LOT: Width _____ft. Depth _____ft. Acres _____ (43,560 Sq. Ft.)

LOCATION OF BUILDING OR STRUCTURE ON PROPERTY:

Front _____ft. from (right-of-way) (Right) side _____ft. from property line
(Left) side _____ft. from property line Rear _____ft. from property line

ZONING DISTRICT IN WHICH BUILDING OR USE IS LOCATED: (check one)

- Agr. R 1 R 2 B 1 C 1 I 1

Application is hereby made for a Zoning Certificate, and the statements herein are made are a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on the part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient grounds for the revocation of such permit at any time. It is understood that any Zoning Certificate issued based on this application will expire and be revoked if the construction/activity applied for has not begun within one year from the date of issuance or is not complete within two years of the date issuance.

SIGNED: _____
(Signature of Applicant)