



Date: \_\_\_\_\_  
Application Number: \_\_\_\_\_  
Review Fee: \$ \_\_\_\_\_

## FOREST TOWNSHIP ZONING PERMIT APPLICATION

### ***Applicant Information***

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Day Ph: \_\_\_\_\_

### ***Property Owner (if different from applicant; if more than 1 list on separate sheet)***

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Day Ph: \_\_\_\_\_

### ***Property for which Zoning Permit is requested***

Street Address: \_\_\_\_\_  
Nearest Crossroads: \_\_\_\_\_  
Tax Parcel ID#: \_\_\_\_\_ Zoning District: \_\_\_\_\_

### ***Proposed Use***

- |  |   |
|--|---|
| <input type="checkbox"/> Single Family Residence (new)                       | <input type="checkbox"/> Single Family Residence (addition) |
| <input type="checkbox"/> Accessory Structure                                 | <input type="checkbox"/> Fence                              |
| <input type="checkbox"/> Alterations or repairs to non-conforming structures | <input type="checkbox"/> Move existing building             |
| <input type="checkbox"/> Other _____   |   |

Attach a scaled plot plan: Drawings may be 8 1/2" x 11" paper. Show the following:

1. The dimensions of the parcel.
2. All streets.
3. The size, position and height of all existing and proposed buildings or structures on the property including their setback from lot lines.

**I hereby affirm that the above information is correct to the best of my knowledge.**

_____ Signature of Applicant	_____ Print/type name	_____ Date
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_____ Signature of Property Owner (if different from applicant)	_____ Print/type name	_____ Date
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(See reverse)

### FOR OFFICE USE ONLY

Zoning Administrator's Determination (provide date of decision): Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Date Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_