GRANT TOWNSHIP

GRAND TRAVERSE COUNTY, MICHIGAN

No._____

APPLICATION FOR LAND USE PERMIT

All permits expire if work authorized is not commenced within 1 year from date of issue.

_____, 20_____

Address _____ District_____

Legal Description of Property including acreage_____

_____

_____

_____

Owner _____ Address_____

General Contractor _____ Address_____

Attach – Health Dept. Approval: Septic Tank & Well if needed.

Cost: $ _____ Fee: $_____

Type of Structure_____

Width_____ Length_____ Height_____ No. of Stories_____

Set Back: House_____ Rear Line_____

Side Line Left_____ Side Line Right_____

APPLICATION APPROVED

_____

_____

By _____

_____ 20

In consideration of the granting of permit for construction of the above building(s) we agree to comply with all applicable ordinances of the said Township and that the said Township shall not be liable for any damages resulting therefrom.

Signed_____

Comments:

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