

TAWAS TOWNSHIP

ZONING PERMIT

No. _____ Date _____

NAME _____ EXPIRES - 1 YEAR

ADDRESS _____

PROPERTY LOCATION _____ BETWEEN _____ AND _____
Description

ZONED _____ SUBDIVISION _____ PARCEL _____

PROPOSED BUILDING _____ USE _____

LOT SIZE _____ SQ. FT. _____ SETBACKS-FRONT YARD _____ REAR YARD _____

SIDE YARD _____ SIDE YARD _____

FEE _____ SEPTIC PERMIT NO. _____

I hereby certify that the foregoing application meets all the requirements of the Tawas Township Zoning Ordinance.

SIGNED _____ SIGNED _____
Applicant Zoning Administrator

TAX CODE _____ Tawas Township

SITE OR PLOT PLAN - For Applicant Use - Sketch in Layout Using Measurements.

Street (Name) _____