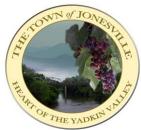
PERMIT	NUMBER:	
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Town of Jonesville

APPLICATION FOR ZONING PERMIT

THIS PERMIT APPLIES TO ANY NEW CONSTRUCTION, ALTERATION, ADDITION OR REPAIR OF BUILDING(S) HEREBY LISTED AND THE PLACEMENT OF A MOBILE HOME(S).



Date Submitted:							
Applicant Name, Address and Phone Number:							
Property Owner Name, Address and Phone Number (if different from applicant):							
PROPERTY INFORMATION							
Location:							
Current Zoning Classification: Parcel/Tax ID Number:							
Current Use of Structure:							
PERMIT REQUEST:							
New Construction Alterations Repairs							
Demolition/Moving Driveway Cut Additions Other							
Explain in detail your request:							
Contractor (name/address/phone):							
Lot Size: Width: Depth: Corner Lot:yes no							
Set Backs Required: yes no; front side yard right side yard left back							

(continued on back)

				PERMIT NUMBER:		
Town Water Available:	<i>y</i> es	no	Sewer Available:	_ <i>ye</i> s	_ no	
Type of Construction: Addition on to Existing	_ Stick-built Structure _	: Ga	Mobile/Manufactured rage/Carport Storage	_ Modulai : Othe	er	_ New Structure
Total Square footage of al	l buildings	:				
Number of parking spaces	s required:		Landscape p	lan requi	red: _	yes no
Additional information for	Town staf	f :				
Signature of Applicant(s):						
Fee paid: \$						
* A sketch plan of the propo identifying front, rear and sid existing improvements; the parking areas. Sketch must	de property location, sha	lines; a ape, di	any adjacent streets, locat imension of proposed imp	tion shape rovements	and s, also	dimension of any o show proposed
** If dimensional requirement zoning permit shall be accomparced to be built upon, the earny, and the location dimension the processing of each residual SCALE. (see town fee sche	mpanied by exact size, u sions of this dential appli	two se uses au propo	ets of plans showing the d nd locations on the parcel osed building or alteration.	imensions of building A fee sha	and gs alr all be	shape of the eady existing if charged for
STAFF TO COMPLETE						
Comments for Applicant:						
Application approved:	yes	no				
Zoning Officer:				Date:		
Permit is valid for	_ months o	nly.				