

DATE: _____

SITE PERMIT # _____

TOWNSHIP OF PARTRIDGE

DATE RECEIVED _____

APPLICATION FOR LAND USE PERMIT

APPLICATION FEE IS \$100.00; AN ADDITIONAL FEE OF \$500.00 IF PROJECT BEGINS PRIOR TO TOWNSHIP APPROVAL

NAME: _____ ADDRESS: _____

_____ ZIP CODE: _____ PHONE: () - _____

LEGAL DESCRIPTION OF PROPERTY

LOT: _____ BLOCK: _____ SUBDIVISION: _____ SECTION: _____

TOWNSHIP: _____ RANGE: _____ FIRE NO: _____

PARCEL # (FROM TAX STATEMENT): _____ - _____ - _____ (REQUIRED)

PROPOSED BUILDING(S) (CHECK ALL THAT APPLY)

<input type="checkbox"/>	MANUFACTURE HOME	<input type="checkbox"/>	GARAGE
<input type="checkbox"/>	HOUSE	<input type="checkbox"/>	STORAGE BUILDING
<input type="checkbox"/>	BASEMENT	<input type="checkbox"/>	AGRI. BUILDING
<input type="checkbox"/>	ADDITION	<input type="checkbox"/>	OTHER

_____ You must provide the Township with a County approved Septic Permit or Certificate of Compliance for your current Septic System

SETBACKS:

STRUCTURE IS _____ FEET FROM ROAD RIGHT-OF-WAY

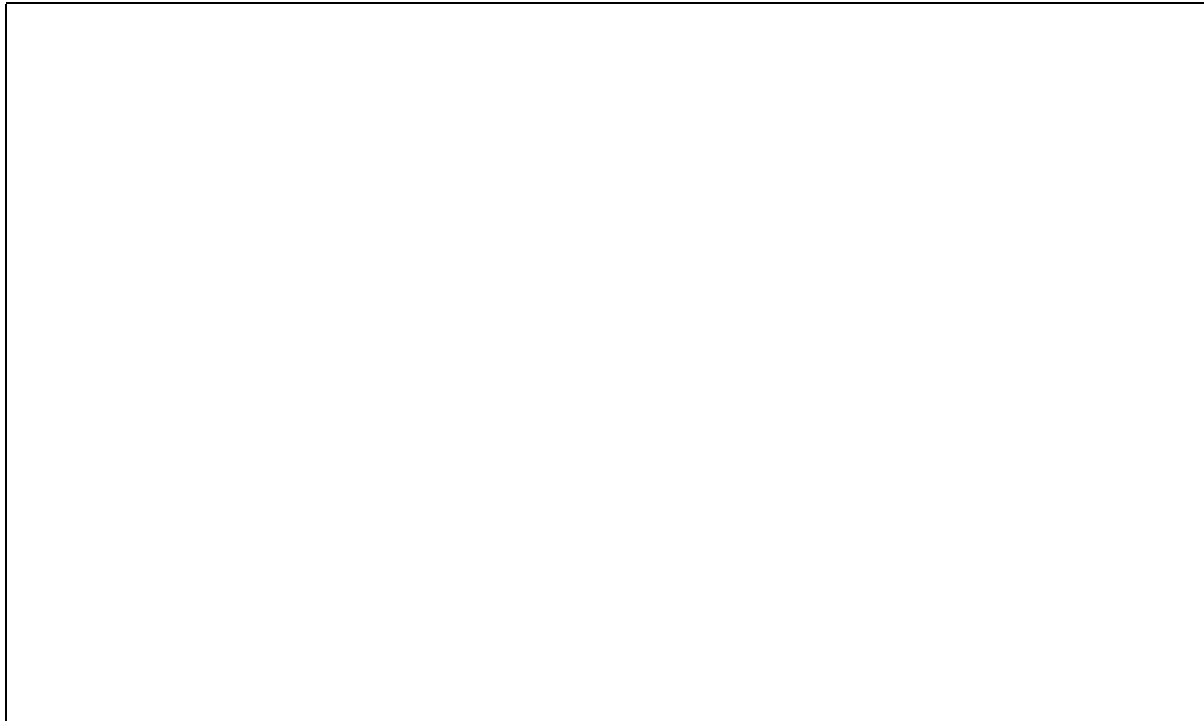
SIDEYARD IS _____ & _____ FEET, BACKYARD IS _____ FEET FROM ADJOINING PROPERTIES

MINIMUM SET BACKS ARE AS FOLLOWS:

- 100 FEET FROM THE ROAD RIGHT-OF-WAY LINE OF ALL TOWNSHIP AND COUNTY ROADS EXCEPT WHERE THE COUNTY REQUIRES A GREATER SETBACK.
- 25 FEET FROM ADJOINING PROPERTY LINES. ROADS AND DRIVEWAYS MUST MEET THIS CRITERIA

ON THE SECOND SHEET DRAW A PLOT OF THE BUILDING(S) AND THEIR LOCATION(S) COMPARED TO THE PROPERTY LINES AND ROAD RIGHT-OF-WAY. MAKE SURE TO PUR THE MEASUREMENTS ON THE MAP ALSO.

NORTH



SOUTH

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION AND ON OTHER PLANS OR INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT. I ALSO AGREE TO DO THE WORK OR HAVE IT DONE TO MEET THE REQUIREMENTS OF THE PARTIRIDGE TOWNSHIP ZONING ORDINANCE.

SIGNATURE OF APPLICANT

DATE _____

THERE IS A \$100.00 FEE DUE WITH THE APPLICATION.
APPLICATION FEE IS \$100.00; AN ADDITIONAL FEE OF \$500.00 IF PROJECT BEGINS PRIOR TO TOWNSHIP APPROVAL

MAKE CHECKS PAYABLE TO: PARTRIDGE TOWNSHIP

ZONING ADMINSTRATOR SIGNATURE

DATE OF APPROVAL

THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF APPROVAL