

**FREEDOM TOWNSHIP
ZONING COMPLIANCE APPLICATION**

DATE _____

TAX PARCEL # _____

NOW ZONED _____

I. APPLICANT:

APPLICANT NAME _____

COMPANY _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX, E-MAIL _____

OWNER:

OWNER (IF NOT APPLICANT) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

FAX, E-MAIL _____

II. SITE /STRUCTURE INFORMATION

LOT SIZE ACREAGE _____ LOT WIDTH _____ LOT DEPTH _____ FRONTAGE _____ ROAD ACCESS PRIVATE _____ COUNTY _____

____ NEW PRINCIPAL ____ NEW ACCESSORY _____ SQUARE FOOTAGE _____ DIMENSION LxWxH

____ ADDITION PRINCIPAL ____ ADDITION ACCESSORY _____ SQUARE FOOTAGE _____ DIMENSION LxWxH

DESCRIBE PROPOSED USE _____

III. REQUIRED ATTACHEMENTS

____ SITE PLAN (SHOW PROPERTY DIMENSIONS, ALL BUILDINGS, DISTANCE TO PROPERTY LINES FROM ALL SIDES ON ADDITION AND NEW STRUCTURES)

____ PROOF OF OWNERSHIP (WARRANTY DEED, MORTGAGE, LAND CONTRACT NOTE: MUST BE REGISTERED WITH WASHTENAW COUNTY CLERKS OFFICE)

____ LEGAL DESCRIPTION

____ COPY OF ANY CONDITIONAL USE PERMITS GRANTED FOR THIS PROPERTY

____ COPY OF ANY VARIANCES GRANTED FOR THE PROPOSED USE OR STRUCTURE

____ DRIVEWAY PERMIT ____ WELL PERMIT ____ SEWAGE PERMIT ____ SOIL EROSION PERMIT OR WAIVER ____ MDEQ PERMITS

IV. APPLICANT SIGNATURES (SIGNING THIS APPLICATION AFFIRMS THE ACCURACY OF ITS CONTENTS AND ATTACHMENTS. SIGNATURE GRANTS PROPERTY ACCESS PERMISSION TO THE TOWNSHIP FOR REQUIRED INSPECTIONS)

APPLICANT _____ OWNER (IF not applicant – Letter of consent may be substituted) _____

ZONING OFFICE USE ONLY

____ ZONING FEE PAID AMOUNT \$ _____ CHECK _____ OTHER _____

FRONT SETBACK _____ REAR SETBACK _____ SIDE SETBACK _____ CORNER SETBACK _____

APPROVED _____ DENIED _____
REASON _____

ZONING ADMINISTRATOR _____ DATE _____
WHITE – ZONING OFFICE, CANARY – APPLICANT, PINK – BUILDING DEPARTMENT, GOLD – ASSESSER
MAKE CHECKS PAYABLE TO FREEDOM TOWNSHIP