



PARK TOWNSHIP
52 - 152ND AVENUE
HOLLAND, MI 49424
PHONE 616-738-4244 FAX 616-399-4560

OFFICE USE ONLY

Permit No. _____

Date _____

ZONING PERMIT APPLICATION

General Information

Owners Name: _____ **Phone:** _____

Property Address: _____

Contractor Information

Contractor Business Name: _____ **Office Phone No:** _____

Contact Person: _____ **Cell Phone:** _____

Contractor License No. _____ **Exp Date:** _____

E-Mail Address Required _____

Value of Construction (including Labor) \$ _____

Describe Construction _____

Basic Information Required

_____ (2) Detailed plans with attached plot plan showing exact location of proposed construction and distances to existing structures and lot lines.

_____ D.E.Q. Permit number if applicable _____

_____ Earth change permit number if applicable _____

_____ Parcel No. 70-15- _____

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Park Township Zoning Ordinance will be complied with. Further, I agree to notify the Park Township Building Dept. for inspections when required. Further, I agree to give permission for officials of Park Township, the County of Ottawa and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application, and any zoning permit issued conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

Signature of Applicant: _____ **Date:** _____

Zoning Official: _____ **Date:** _____