

# Addison Township Zoning Compliance Permit Application

Article 27-Section 27.05 of the Code of Ordinances, Appendix A, Zoning Ordinance

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## TO BE COMPLETED BY THE APPLICANT/PROPERTY OWNER

### 1. Applicant Information

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Best Time(s) to call \_\_\_\_\_

### 2. Property Information: Submit copy of deed.

Property Address \_\_\_\_\_

Parcel Identification # 05- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 3. Proposed Use(s): Describe the proposed use(s) of the property below and activities proposed for the property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any (all) of the proposed uses that apply to your property

- Construction of a house
- Addition to a house
- Construction or placement of an accessory structure or garage
- Start a home based business
- Start of Commercial use
- Construction/Placement of an agricultural building
- Moving, altering, repairing a structure
- Excavation
- Other (please identify other proposed uses on the lines which follow):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Affidavit and permission for township, county and state officials (and those acting on behalf of those officials) to enter property in conjunction with a review of this application:

I (we) swear that the information contained in this application are true at the date of this application and if found to be untrue will void any approval of the application. Approval of this application does not imply compliance with any township, county or state regulation pertaining to future use of the property that is the subject of this application and only conveys to the applicant, a confirmation (if application is approved) that the state use(s) of the subject property as proposed is (are) in permitted activities in the zoning district wherein the proposed use is located. Any permit issued following approval of this application is subject to any and all ordinances in effect at the time of the issuance on any subsequent permit. If any changes are made to the property in question after the date this application is received by the township, including ownership change, such changes, I (we) agree to comply with any/all regulations which apply to land use activities and use of structures on the subject site. I (we) acknowledge that a zoning compliance permit issued under the provisions of Article 27-Section 27.05 of the Code of Ordinances, Appendix A, Zoning Ordinance and shall be valid for a period of six months following the date of issuance.

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Property Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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Application # (assign when application is returned) \_\_\_\_\_

Official Use Only – Application Received by \_\_\_\_\_

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Application Routed to: \_\_\_\_\_ Clerk \_\_\_\_\_ Building Inspector \_\_\_\_\_ Planner

\_\_\_\_\_ Other (indicate others to whom the application was routed) \_\_\_\_\_

Date of Approval \_\_\_\_\_ Permit # \_\_\_\_\_ Indicate activity(ies) for which the zoning compliance permit has been issued. If plans or attachments pertain please indicate date of such plans/drawings (and attach a copy of each)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Denial\* \_\_\_\_\_ (specify reasons below)

- Application incomplete (see circled items missing)
- Not permitted in current zoning district
- Special use permit required
- Zoning variance required
- Other permit required (specify) \_\_\_\_\_

Denied for the following reason(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

