



PORTER TOWNSHIP
 VAN BUREN COUNTY
 88040 M-40 Lawton, MI 49065
 (269) 624-4022

Zoning Administrator: Bob Angle

(269) 303-9876

bobanglejr83@gmail.com

ZONING REVIEW APPLICATION

I (we), the undersigned do hereby submit a completed and signed application, dimensioned sketch plan and any other necessary drawings, supporting documentation and the review fee, for the purpose of obtaining zoning approval from the Zoning Administrator. In making this application, I (we) acknowledge that the Zoning Administrator has discretion to impose reasonable terms and conditions required by the Zoning Ordinance as a provision of any considered approval.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

OWNER/PARCEL INFORMATION

Name: _____ Phone: _____

Parcel #: **80-16**-_____ - _____ - _____ Currently Zoned As: _____

Street Address: _____ City: _____ State: **MI** Zip: _____

Mailing Address: _____ City: _____ State: **MI** Zip: _____

Area of Subject Property: Acres: _____ **-OR-** Square Feet: _____

Email: _____

NATURE OF REQUEST

_____ Fence

_____ Accessory Structure (Outdoor fireplace, gazebo, deck, etc.)

_____ Accessory Building Under 200 Square Feet

_____ Building Over 200 Square Feet

_____ Above Ground Pool

_____ Agricultural Building

_____ In Ground Pool

_____ Temporary Use Start Date: _____ End Date: _____ # Of Days: _____

_____ Change Of Use Current Use: _____ Proposed Use: _____

_____ Other: _____



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DESCRIPTION OF REQUEST

Construction Start Date: _____ Expected End Date: _____

ITEMS TO SUBMIT WITH THIS APPLICATION

- _____ Driveway Permit
- _____ Well & Septic Permit
- _____ Proof Of Water/Sewer Fees Paid
- _____ Site Plan/Sketch
- _____ **Check or Money Order In The Amount Of \$55 Payable To: Porter Township**

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

ZONING REVIEW

OFFICE USE ONLY:

Date Received: _____ Received By: _____

Application Fee Paid: \$ _____ Check #: _____

REVIEW ACTION:

- _____ Approved
- _____ Approved With Conditions Listed Below

_____ Denied For Reason(s) Stated Below

ZONING ADMINISTRATOR SIGNATURE: _____