

**Deerfield Township  
County of Isabella  
Application for Zoning Permit**

Permit No. \_\_\_\_\_  
Permit Fee \$ \_\_\_\_\_  
Date: \_\_\_\_\_

I/We do hereby make application for a zoning permit in accordance with the Zoning Ordinance of Deerfield Township as adopted by the Deerfield Township Board on March 31, 2001, and as amended pursuant to the provisions of the Act 183 of the Public Acts of 1943 as amended.

Name \_\_\_\_\_ Building Address \_\_\_\_\_  
Township Section \_\_\_\_\_ Property Tax Code # \_\_\_\_\_  
Legal Description \_\_\_\_\_

Location by Road \_\_\_\_\_  
Size of Bldg. \_\_\_\_\_ Height of Bldg. \_\_\_\_\_ Bldg. Faces \_\_\_\_\_  
Size of Garage \_\_\_\_\_ Attached \_\_\_\_\_ Unattached \_\_\_\_\_ Basement \_\_\_\_\_  
Approval of Sanitation \_\_\_\_\_ Permit Number \_\_\_\_\_ Chimney Type \_\_\_\_\_  
Property is zoned for \_\_\_\_\_  
Purpose of permit: \_\_\_\_\_

Contractor's Name and License Number \_\_\_\_\_  
I will do the work myself. Yes \_\_\_\_ No \_\_\_\_

Five (5) copies of the site plan are attached, drawn to scale in ink or prints, showing the actual shape and dimensions of the lot to be built upon, the exact location, size, and height of the building and accessory building existing, and the lines within which the building or structure is to be erected or altered. The existing and intended use of each building or part of a building, the number of families or housekeeping units the building is designed to accommodate and such other information with regard to the lot and neighboring lots that may be necessary to determine and provide the enforcement of this ordinance shall be furnished. The applicant grants permission for Deerfield Township Officials or their designee to enter the premises, building and/or grounds at a reasonable time of day to verify compliance of all zoning and building ordinances. The lot and the location of the building thereon shall be staked out on the ground and inspected by the zoning official before construction is started.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Present Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I hereby acknowledge that I have reviewed the set-back, side yard, rear yard and all other requirements of the township zoning ordinance.

By \_\_\_\_\_ Permit Approved \_\_\_\_\_  
Please Print Initials Date

Signature \_\_\_\_\_ Permit Denied \_\_\_\_\_  
Township Zoning Official Initials Date

You may appeal this decision to the ZONING BOARD OF APPEALS.

Remarks: \_\_\_\_\_