

**ALCONA TOWNSHIP
LAND USE PERMIT APPLICATION**

NUMBER _____
DATE _____

ZONING ADMINISTRATOR:	WIL BREGE	(989) 471 5105
TOWNSHIP SUPERVISOR:	ROGER CARLIN	(989) 471-5606
TOWNSHIP CLERK:	DAWN LaLONDE	(989) 471-2948

PROPERTY TAX NUMBER _____
NAME _____ BUILDER _____ PHONE _____
ADDRESS _____ PHONE _____

BUILDING LOCATION _____
BUILDING SIZE: WIDTH _____ LENGTH _____ HEIGHT _____
CONSTRUCTION MATERIAL _____

SUBDIVISION NAME - LOT NUMBER OR DESCRIPTION _____

BUILDING LOCATION CHECK: CONTACT ZONING ADMINISTRATOR FOR BUILDING LOCATION CHECK AS SOON AS FOOTINGS ARE POURED. MUST BE DONE BEFORE ANY FURTHER CONSTRUCTION.

SIGNATURE _____

PLACE BELOW, LOT SIZE AND PROPOSED LOCATION OR BUILDING LOT.

SITE PLAN

Original
(White Copy)

THE ABOVE TO COMPLY WITH ALCONA TOWNSHIP ZONING ORDINANCES.
APPROVED:

ALCONA TOWNSHIP
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1st Copy
(Yellow Copy)

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2nd Copy

(Pink Copy)

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