

Burlington Township
P. O. Box 69
135 N Elm St
Burlington, MI 49029

Date: _____
Expiration Date: _____
Application Fee Paid \$ _____
Review Fee Paid \$ _____
Receipt # _____
Zoning Compliance Permit # _____
Building Permit # _____

ZONING COMPLIANCE PERMIT APPLICATION

This application expires 90 days after issue if all permits are not obtained.

Name of Applicant: _____ Home Phone # _____

Mailing Address: _____

Name of Property Owner if different than applicant: _____

Address of Property: _____

Property Tax ID # _____

Present Zoning District: _____

List each building or structure to be built or placed on the property (attach a sketch showing setback distance from all property lines), dimensions of building/structure and proposed use. Drawing must be signed

Building Description	Dimensions	Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate which items are proposed and located on sketch

Signs Parking Fences Swimming Pool
 Is this structure a mobile home? YES _____ NO _____

If **YES**, Burlington Township Ordinance, Article 13 requires that all mobile homes have a peaked roof line before such mobile home is brought into the Township. No rounded or flat roofline will be allowed within the Township and occupancy permits will not be issued. A **"Roof Over" system** is not permitted on any mobile home that was not already on any property located within the Township prior to the adoption of the Burlington Township Ordinance as set forth in Article 19.03. Failure to comply with these standards may result in legal action being taken.

By Signing below, I agree and understand the restrictions of the Zoning Ordinance as it pertains to all the above statements and all application information and document.

Property Owner Signature if different than applicant: _____ Date: _____

Applicant Signature: _____ Date: _____

Zoning Administrator Signature: _____ Date: _____

