

# BYRON TOWNSHIP ZONING APPLICATION

Phone: (616) 878-9155 \* Fax: (616) 878-0699 \* Website: www.byrontownship.org

*This application will not be accepted if incomplete.*

## APPLICATION FOR & REQUIRED COPIES

Site Plan (4 copies)  
Administrative Review  
Fee \$150.00

## APPLICANT INFORMATION *(If different than owner)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

## OWNER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

## PROPERTY INFORMATION

Permanent Parcel # 41-21- - -  
Address or Location \_\_\_\_\_  
Zone District (Current) \_\_\_\_\_  
Property Size \_\_\_\_\_

*\*DESCRIPTION OF PROPOSED USE/REQUEST (Use other side or attach additional pages as needed/required.)*

I hereby attest that the information on this application form, is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
*Signature of Applicant and Owner (If different than applicant)*

\_\_\_\_\_  
*Date*

*I hereby grant permission for members of the Byron Township Planning Commission, Board of Appeals and/or Township Board to enter the above described property (or as described in the attached) for the purpose of gathering information related to this application/request/proposal.*

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Date*

## DO NOT WRITE IN THIS BOX

Date Received \_\_\_\_\_ Application Accepted By \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_