

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator

DECATUR TOWNSHIP ZONING COMPLIANCE

PERMIT # _____ DATED: _____

To Township Clerk: I the undersigned do hereby apply for Approval to:

Erect _____ Alter _____ Move _____ Set _____ Demolish _____

A _____ to be used for _____

Parcel Tax ID: 80-08-_____

Decatur Township Section: _____ Subdivision: _____ Lot: _____

Size of Property: _____ Frontage: _____ Size of Structure: _____

Cost: _____ Sanitation Permit # _____ Driveway Permit # _____

Copy of Schedule F Form (If applicable, with personal info blocked out) _____

Other Requested Information: _____

Print Applicant's Name: _____

Site Address: _____ Contact Phone: _____

Print Land Owner's Name: _____

I further certify that uses of the land and the building or structure shall comply with the provisions of the Decatur Township Ordinance as adopted July 25, 2008 and/or changes or updated as applicable and any other applicable laws and requirements pertaining thereto.

If this permit is to replace an existing structure, the old (or existing) structure must be removed within 30 days of final inspection of the new structure.

I also understand that my permit may be revoked after issued by the Zoning Administrator for non-compliance. This permit is valid for 6 months from date of approval.

Any opposition to this permit from property owners within 300 feet? Yes _____ No _____

Signed: _____ Date: _____

ZONING COMPLIANCE PERMIT: FEE \$100.00

APPROVED: _____ DENIED: _____

Set-Back Requirements: Front: _____ Back: _____ Side: _____

Remarks: _____

Date: _____ Decatur Township Zoning Administrator: _____

Distribution: Township Clerk

Owner

Assessor

Zoning Administrator