

**APPLICATION FOR ZONING PERMIT  
PORTAGE TOWNSHIP**

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans, in duplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact size and location of existing buildings on the lot, the location and dimensions of the proposed buildings or alterations, and the means of disposing storm water run-off.

1. Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_
2. Locational Description: Subdivision Name \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot Number: \_\_\_\_\_
3. Existing Use: \_\_\_\_\_
4. Present Zoning Classification: \_\_\_\_\_
5. Proposed Use: New Construction: \_\_\_\_\_ Remodeling: \_\_\_\_\_  
Accessory Building: \_\_\_\_\_ Sign: \_\_\_\_\_ Size: \_\_\_\_\_  
Residence: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
Other (explain): \_\_\_\_\_  
*(If proposed use requires Site Plan Reviews, secure and complete the appropriate form).*
6. Method of sewage disposal: \_\_\_\_\_
7. Percent of lot coverage: \_\_\_\_\_
8. Lot Width: \_\_\_\_\_ Lot Area: \_\_\_\_\_
9. Residential Floor Area: \_\_\_\_\_ sq. ft.
10. Building Height: Stories: \_\_\_\_\_ Feet: \_\_\_\_\_
11. Yard Dimensions: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Each side: \_\_\_\_\_
12. Accessory Buildings: Height: \_\_\_\_\_ Area in Square Feet: \_\_\_\_\_
13. Number of off-street parking spaces provided: \_\_\_\_\_
14. Value of Project: \$ \_\_\_\_\_
15. On a separate sheet, attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**NOTE: This permit shall be void if work is not started within one year.**

Footer Inspection: As Zoning Inspector of Portage Township, I hereby certify that a Footer or Site Location Inspection was conducted on the above described property at \_\_\_\_\_, on \_\_\_\_\_.  
(time of day) (date)

The location was ( ) was not ( ) in compliance with the Portage Township Zoning Resolution.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Zoning Inspector)