

CERTIFICATE OF ZONING COMPLIANCE

Permanent Parcel Number 41 Site Address: Applicant Information: Name:			
		Address:	
		Phone Number: En	nail:
Property Owner Name and Address (if different than above):			
Note: If application is made by other than the owner in fee, it shall be accompanied by a duly verified affidavit of the owner or agent thereof that the application and the proposed work or operation is authorized by the owner in fee. If the owner or lessee is a corporate body, the full name and address of the responsible officers shall also be provided.			
Description of Use of Site/Structure:			
* Please attach plot plan required by Zoning Ordinance	Sec. 78-63		
*** ALL OF THE ABOVE INFORMATION IS REQUIRED ***			
Certificate required prior to new construction or alteration meeting the requirements of the Zoning Administrator mustatement or misrepresentation of face on the application control compliance certificate issued thereto shall be de	ust accompany the application. In case of any false on or plans on which the certificate is based, any		
APPLICANT STATEMENT:			
I hereby acknowledge the above facts, and those on the of my knowledge and state that said construction and/caccordance with this certificate. Further, I agree to give State of Michigan to enter the property for purposes of ir	or occupancy of the structure and/or site shall occur in epermission for officials of the Township, county and		
Applicant Signature	Date		
Note: Electronic file/pdf is required on all applications (si	ubmit via email).		
TO BE COMPLETED BY ADA TOWNSHIP			
I hereby certify that I have reviewed the plans for compl make the following determination:	iance with the Ada Township Zoning regulations, and		
Zoning Compliance Permit: Approved Comments/Reasons for Denial:			
Zoning Administrator Signature:	Date:		