

CERTIFICATE OF ZONING COMPLIANCE

Permanent Parcel Number 41			
Site Address:			
Applicant Information:			
Name:			
Address:			
Phone Number:		Email:	
Property Owner Name and Address (if a	different than abo	ove):	
Note: If application is made by other the of the owner or agent thereof that the owner in fee. If the owner or lessee is a shall also be provided.	application an	d the proposed wor	k or operation is authorized by the
Description of Use of Site/Structure:			
* Please attach plot plan required by Z	oning Ordinanc	ce Sec. 78-63	
*** ALL O	F THE ABOVE IN	FORMATION IS REQU	JIRED ***
Certificate required prior to new constr meeting the requirements of the Zoning statement or misrepresentation of face zoning compliance certificate issued the	g Administrator on the applice	must accompany thation or plans on whi	ne application. In case of any false ich the certificate is based, any
APPLICANT STATEMENT:			
I hereby acknowledge the above fact of my knowledge and state that said a accordance with this certificate. Furth State of Michigan to enter the property	construction and er, I agree to gi	d/or occupancy of t ve permission for off	the structure and/or site shall occur in
Applicant Signature			Date
Application fee: \$25.00			
Note: Electronic file/pdf is required on	all applications	(submit via email).	
TO BE COMPLETED BY ADA TOWNSHIP			
I hereby certify that I have reviewed the make the following determination:	e plans for com	npliance with the Ac	da Township Zoning regulations, and
Zoning Compliance Permit: Comments/Reasons for Denial:	Approved	□ Denied	
Zoning Administrator Signature:			Date: