



Zoning Permit Application

106 EAST COMMERCIAL STREET, P.O. BOX 188
NORVELL MI 49263
TELEPHONE – 517-536-4370 WEBSITE – norvelltwp-mi.gov

Staff Use Only	Property Address:	
Fee:	Zoning Permit Number:	Application Date:

Fee: \$65.00 (Make check payable to Norvell Township). Additional fine of \$120.00 if property was tagged with a VIOLATION notice

1. Record Owner(s):

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

2. Authorized Agent(s):

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

3. Property Address _____

4. Zoning District _____ **5. Tax ID Number** _____ - _____ - _____ - _____ - _____

6. Please check if the project required review by the following:

_____ **Planning Commission**

_____ **Zoning Board of Appeals**

7. Project Description:

8. Proposed Use: _____

**Norvell Township, Jackson County, Michigan
Zoning Permit Application Form**

PZ _____

9. Expiration and Revocation:

A certificate of zoning compliance expires six (6) months after the date of issuance unless a building permit has been issued. If work authorized by the building permit is suspended or abandoned by the end of six (6) months after the date of issuance of the building permit, the Zoning Inspector shall notify the applicant that said certificate has expired. Said certificate may be reinstated upon showing of good cause for suspension or abandonment of the work. The Zoning Inspector may, for reasonable cause, grant (1) or more extensions of time for additional periods not exceeding ninety (90) days each.

The Zoning Inspector may revoke a certificate of zoning compliance in case of any false statements or misrepresentation of fact in the application or the plans on which the certificate was based.

11. Certification and Signature of Applicant and/or Owner: *I hereby certify that I have read the Norvell Township Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Norvell Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any variance grants only that which was represented to the Zoning Board of Appeals at the Public Hearing. No other plans may be substituted that increase the size, dimensions, lot area coverage, yard setbacks, or ZBA imposed conditions without a rehearing.*

_____/_____
Signature of Owner/Date

_____/_____
Signature of Applicant /Date

12. Zoning Approval: *The accuracy of the lot lines, dimensions and other information presented in the project plans are the sole responsibility of the property owner and in NO way does the Zoning Inspector signature on this permit guarantee the accuracy of the information provided by the applicant for this permit. A site inspection can be required by Norvell Township; however, a site inspection also does not guarantee the location of the property boundaries. If the information provided is in the future found to be incorrect the zoning approval is null and void.*

_____/_____
Signature of Planning and Zoning Administrator /Date