

Village of Ashley

114 W. Oak St.

PO Box 158

Ashley, MI 48806

(989)847-3050

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ZONING PERMIT APPLICATION

PERMIT NUMBER: _____

APPLICATION DATE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

BUILDING SITE
ADDRESS: _____

TYPE OF PROJECT: _____
(please give a brief description) (must be staked out prior to inspection)

CONTRACTOR NAME: _____
ADDRESS: _____

PHONE NUMBER: _____

I.D. NUMBER: _____

APPLICANT SIGNATURE: _____

APPROVED / DENIED BY: _____

INSPECTION DATE: _____

\$40.00 PERMIT FEE DUE WITH APPLICATION

Please allow 5 business days for review

For office use only

Date received in office _____

Amount received _____

NAME: John Doe

ADDRESS 123 Street

FRONT (road frontage) 48'

REAR 95'

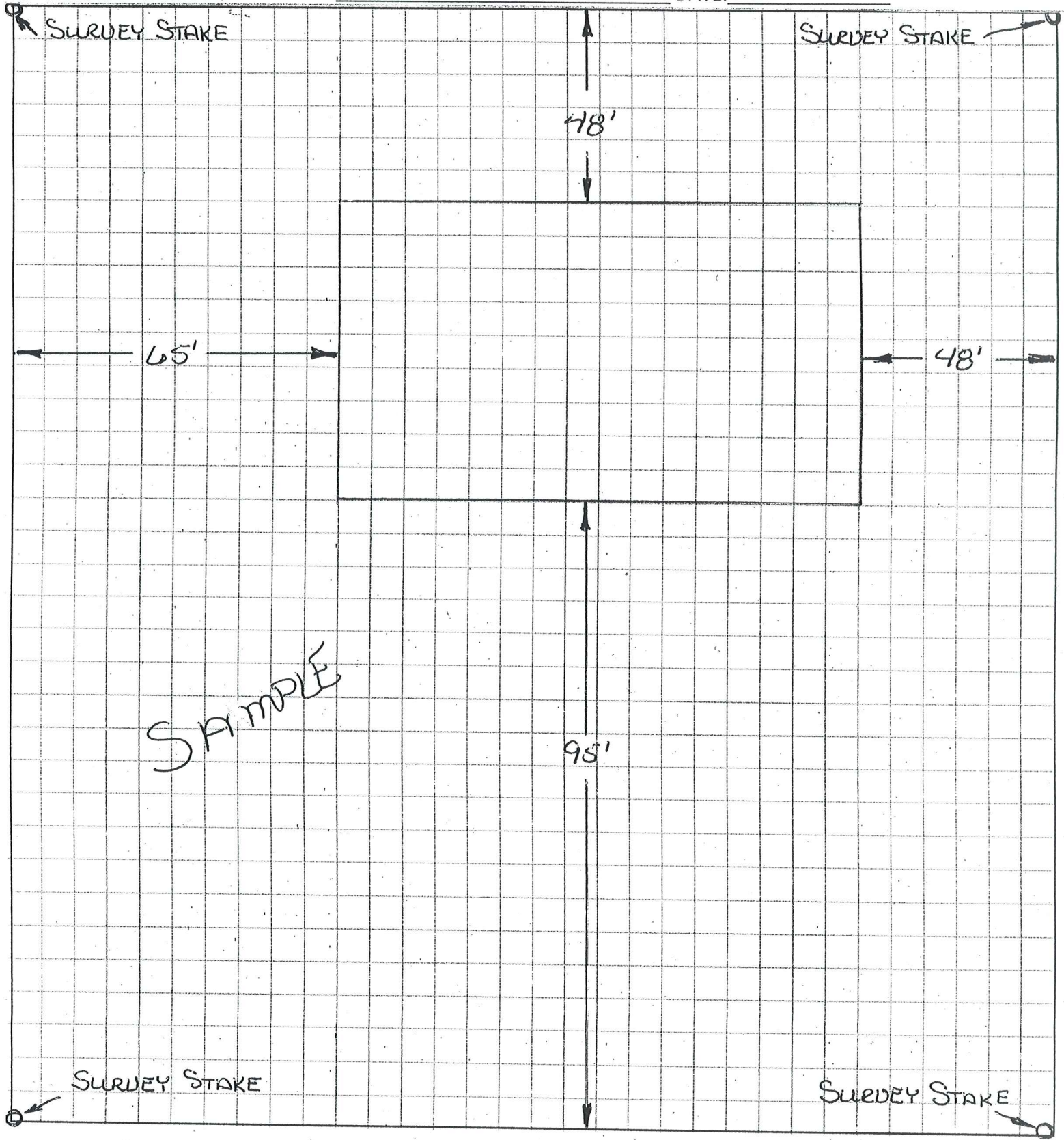
LEFT SIDE LINE 65'

RIGHT SIDE LINE 48'

Are there any future building plans that should be considered? yes / no

APPROVED / DENIED BY: _____

DATE: _____



NAME: _____

ADDRESS _____

FRONT (road frontage) _____

REAR _____

LEFT SIDE LINE _____

RIGHT SIDE LINE _____

Are there any future building plans that should be considered? _____

APPROVED / DENIED BY: _____

DATE: _____

