

LOWELL TOWNSHIP ZONING COMPLIANCE

APPLICANT INFORMATION

Property Owner:	Date:
Current address:	
Home Phone:	Cell Phone:

SITE INFORMATION

Project Address:	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
<input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Deck <input type="checkbox"/> Roof/Reroof <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign <input type="checkbox"/> Demo	
Project Description:	
Permanent Parcel Number: 41 - 20 -	Current Zoning:
<input type="checkbox"/> SITE PLAN : LOT DRAWING (SURVEY IF AVAILABLE) SHOWING RESIDENCE WITH FRONT/SIDE/REAR SETBACKS FROM THE PROPOSED PROJECT	
<input type="checkbox"/> BLUE PRINTS / DRAWINGS: FOR ALL CONSTRUCTION – (1) SET FOR TOWNSHIP – (2) SETS FOR BUILDING DEPT.	
<input type="checkbox"/> UTILITY / SERVICE DISCONNECT – [REQUIRED FOR DEMOLITION PERMIT]	
<input type="checkbox"/> DRIVEWAY PERMIT: ALL NEW HOMES – [OBTAINED FROM KENT COUNTY ROAD COMMISSION]	
<input type="checkbox"/> WELL AND SEPTIC: [OBTAINED FROM KENT COUNTY HEALTH DEPARTMENT]	
<input type="checkbox"/> SOIL EROSION: [IF WITHIN 500 FT OF WATER]	
<input type="checkbox"/> WATER CONNECTION APPLICATION/FEEES:	

CONTRACTOR INFORMATION

Builder/Contractor:		
Builder / Contractor Address:		License #
Phone:	Cell Phone:	Fax:
City:	State:	ZIP Code:
Print name:		Date:
Signature:		Title:

I agree to comply with the terms and requirements of all codes and ordinances in effect in the Township pertaining to all phases of construction and development of this project. It is also understood that a certificate of occupancy must be obtained prior to use or residency.

X

TOWNSHIP COMPLIANCE AUTHORIZATION OR DENIAL

<input type="checkbox"/> Setback Compliance Requirements met <input type="checkbox"/> Zoning Compliance Requirements met	
<input type="checkbox"/> Setback Requirements not met <input type="checkbox"/> Zoning Requirements not met.	
Township Official Signature:	Date:
Print name:	Title:
<input type="checkbox"/> Cc to Ordinance Enforcement Officer	Date:
<input type="checkbox"/> Cc to Ordinance Assessor	Date: