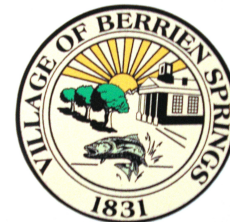




# ZONING PERMIT APPLICATION

**Oronoko Charter Township**  
 4583 E Snow Rd  
 Berrien Springs, MI 49103  
 269-471-2824

**Village of Berrien Springs**  
 112 N Cass Street  
 Berrien Springs, MI 49103  
 269-473-6921



**ALL INFORMATION IS REQUIRED**

Oronoko Charter Township Zoning Ordinance Section 19.03 and The Village of Berrien Springs Zoning Ordinance Section 26.03 require an approved Zoning Permit for all work & use changes. The permit is required prior to beginning any work.

Date		Parcel ID (tax) Number 11-		Applicant / Contractor Name	
Property Owner(s) Name				Mailing Address	
Mailing Address				Mailing Address	
City		State	Zip code	City	
Day Phone		Evening Phone		Federal ID No / MI License No:	
Current Zoning of Property		Property Address		Location of Property: _____ side of _____ Road	
Lot Size and Total Existing Acreage				Between _____ and _____ Roads	
Owner Email Address:				Applicant Email Address:	
Primary Reason for Application: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Ag Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Driveway <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Use Change <input type="checkbox"/> Compliance <input type="checkbox"/> Sign <input type="checkbox"/> Site Plan Review <input type="checkbox"/> Other					
Describe the reason for this application, what this property will be used for, any work to be performed and its value.					
Value \$ _____					

**A SURVEY OR SCALE DRAWING SHOWING ALL DIMENSIONS, (adjacent roads, existing buildings, proposed work, proposed structures and setbacks) MUST ACCOMPANY THIS APPLICATION. Contractors please provide your Liability and Workman Comp Insurance Information**

**THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT**

*I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above described property for the purpose of gathering information related to this application.*

**Signature and Date** Applicant(s) \_\_\_\_\_

**Signature** (if other than owner): \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – ZONING ADMINISTRATION USE ONLY**

Date Received	Zoning Permit #	Scheduled Site Visit Date	911 Address Number
Septic Permit Number	Well Permit Number	Soil Erosion Permit Number	Culvert Permit Number
EGLE Permit Number	DEQ Permit Number	Building Permit Number	Receipt #

**APPROVED**     **DENIED** reason over \_\_\_\_\_ Signed \_\_\_\_\_ Zoning Administrator    Date \_\_\_\_\_