



**Krakow Township Land Use
Permit Request Form**

Permit Number: _____
Date _____
Fee _____

Zoning Permit

Name of Applicant: _____

Address: _____

Property Owner: _____

City: _____

Parcel #: _____

State/Province: _____ Zip/Postal Code: _____

Property Address: _____

Phone Number: _____

Additional Information: _____

Fax Number: _____

Contact Name: _____

Reason for Request:

This completed application along with a site plan (scaled drawing of property), must be sent to the Zoning Administrator along with a check made payable to Krakow Township for \$20.00. Not all requests may require a special meeting or public hearing. This will be a decision of the Planning Commission. Should this be the case, your application fee will be refunded. If the Planning Commission finds it necessary to hold a public hearing, it shall be held in accordance to Article XII, sections 12.5 & 12.6. By signing this application, you are agreeing to the terms and conditions of this application and adhering to the zoning ordinance for all that applies.

Applicate signature: _____ date: _____

Chairperson signature: _____

Recommendation will be forwarded to the Township Board for approval:

Approved Declined Intitials:

**Krakow Township
acknowledgement**

All measurements and set back measurements are accurate and will be adhered to.

Should Wetlands be present around the building site and/or property, you are required to obtain all necessary permits from the Department of Environmental Quality. For more information, please visit <http://www.michigan.gov/deq>

Property Owner/Contractor: _____

Signature: _____

Date/Time _____