

Turner Township Zoning Permit Application

**Turner Township Zoning
110 Park Street, PO Box 22
Twining, Mi 48766
989-867-4045**

Zoning Applications will NOT be accepted unless all the following are provided at the time of application:

1. Completed Application, including:
 - a. Name of Owner
 - b. Correct Property Tax ID#:
 - i. If property has been split within the last 12 months, a copy of the split record may be required.
 - ii. If the property was purchased within the last 12 months, a copy of the new deed may be required.
 - c. Address of Property
 - d. Directions to Reach Project
 - e. Signature of Property Owner
2. Completed Site Plan
3. Permit Fee
 - a. See Fee Schedule

**Turner Township
Zoning Permit Application**

Turner Township Zoning
110 Park Street, PO Box 22
Twining, Mi 48766
989-867-4045

Work shall not be started until the application for permit has been reviewed and permit has been issued. Note: all jobs must have applicable County Permits to proceed. Special requirements concerning flood plans may also be applicable.

Site Location (address):

Directions to Access Site:

Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> New Single Family | <input type="checkbox"/> Private Garage | <input type="checkbox"/> Commercial Structure
(Type_____) |
| o Stick Built | <input type="checkbox"/> Private Pole Building | <input type="checkbox"/> Commercial Addition |
| o Manufactured | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Demolition |
| o Module | <input type="checkbox"/> Multiple Family
(# of Units___) | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Residential Additions | | |

Owner Info:

First Name

Last Name

Address

Phone Number

Email

Site Info:

Property ID#

Lot Size

Proposed Building Dimensions

Site Plan must be attached.

Applicant Signature

Date

Zoning Administrator Signature

Date

Permit Approved for period of 6 months

Permit Denied

Make all Checks Payable to Turner Township


For Office Use Only: Receipt# _____ Date: _____

**Turner Township
Zoning Permit Application**

**Turner Township Zoning
110 Park Street, PO Box 22
Twining, Mi 48766
989-867-4045**

Site Plan

In the space below, draw your site plan including, but not limited to: location of proposed construction, existing structures, building site and set back dimensions, lot lines, waterways and street names including distances from each. Attach Additional pages if needed.



Owner Name _____

Site Location _____

Parcel ID# _____