

Crystal Township
Zoning Compliance, Special Use, Variance, and Appeal Application

Type of Application _____

Apply at Oceana County Annex, 210 Johnson, for your Building Permit (231-873-5355).

Address/Location of Subject Property: _____ Date: _____

Parcel # of Subject Property: _____

Current Zoning & Use of Subject Property: _____

Applicant Information:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone (H): _____ Phone (W): _____ Fax: _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____ Date: _____

I hereby grant permission for members of the Crystal Township Planning Commission, Zoning Board of Appeals, and Staff to enter the property described below during weekdays 8 to 5 PM (or as described in the attached detailed permission) for the purpose of gathering information related to this application. This permission is necessary to issue this permit and is necessary to confirm your application specifications and agreements.

Signature of Owner: _____ Date: _____

Applicant is the: ☐ Owner ☐ Lessee ☐ Optionee ☐ Contractor/Architect

Special Instructions for entry of property attachment

Proposed Use: _____ Proposed Zoning: _____

Explanation of Request

If application is for a variance, please attach one (1) copy of a site plan. If application is for a Site Plan Review, please attach twelve (12) copies of a complete site plan.

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with following conditions:
<input type="checkbox"/> Denied for the following reasons:

TO BE COMPLETED BY Township

Date received: ___/___/___ Fees: \$ _____

Receipt Number: _____ Staff: _____

Zoning Administrator: _____ Date: _____