Ganges Township Zoni	ing Permit Application/Permit
1. Required Information:	•
Job address:	Tax No: 0307-
Owner Name:	
Owner mailing address:	
Owner phone number:	Email
Applicant (if different than owner) no	ame:
Applicant address:	
Applicant phone number:	Email
Describe the proposed project: _	
(i.e. new house, addition	n, pole barn, deck, shed, pool, etc.)
2 Site Plan: Use the other side of	of this sheet or a separate sheet to draw a to
	ving all the following items:
	all sides) 2 . Location, distance to lot lines,
	d structures 3. Dimensions of all existing
	4. Distance between all existing and
± ±	ocation of roads, including center line and
•	of utilities 7. Location of lakes, streams,
	within 500 feet 8. A north indicating
	measured from the street/road right-of-
•	road. 10. All setbacks are measured from
the overhang.	
3. Proof of ownership: deed, la	and contract, tax bill, etc
Owner/Applicant Signature	Date
	to 1
	ite plan, proof of ownership and
zoning permit fee \$50.00 (r	make payable to Ganges Township) to:
	ship Services-Allegan, Inc.
	l St, Allegan MI 49010
	5-5964/269-673-3239
Note: A site inspection to verify se	etback may be required prior to approval.
	ICE USE ONLY
Zoning District:	Zoning Approval Permit No:
Front: WaterRear	r: sides:
Min lot width: Min lot are	ea: Max lot cover:
Max Bldg height: Min li	iving area: Min Dwell width
Zoning Administrator Approval Si	anature Annroyal Date
	gnature Approval Date
rpprovar contanton(s).	
Zaning Administrator Deniel Circ	otura Daniel Date
Zoning Administrator Denial Sign Application denied: reason(s)	
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