

**CRYSTAL FALLS TOWNSHIP  
ZONING - LAND USE PERMIT APPLICATION**

Parcel Number \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
(applicant)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)  
\_\_\_\_\_  
telephone, home and cell

**FOR OFFICE USE ONLY**

File Number \_\_\_\_\_  
Date \_\_\_\_\_  
Received \_\_\_\_\_  
Fee \_\_\_\_\_  
Received \_\_\_\_\_  
Receipt Number \_\_\_\_\_  
Current \_\_\_\_\_  
Zoning \_\_\_\_\_

\_\_\_\_\_  
Contractor name and phone number  
PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_

If you are not the property owner what is your relationship to him/her? (circle one): If not owner please provide a letter of authorization to make application.

Builder      Have option to purchase      Agent/other \_\_\_\_\_

PROPOSED CONSTRUCTION SITE LOCATION \_\_\_\_\_  
(If new construction, an address will not be known. An address is obtained after a building permit is issued.)

PARCEL SIZE \_\_\_\_\_

PROPERTY DESCRIPTION \_\_\_\_\_

PARCEL/TAX NUMBER 02 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

SIZE OF BUILDING, STRUCTURE, ADDITION \_\_\_\_\_

**ATTACH REQUIRED PLANS, DRAWINGS, AND SPECIFICATIONS FOR THE PROPOSED LAND USE AND BUILDINGS. Include north arrow, distances from roads and property lines.**

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Date: \_\_\_\_\_  
Name: \_\_\_\_\_

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Crystal Falls Township Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of Crystal Falls Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Crystal Falls Township, the County of Iron and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

***When completed send with \$20.00 Application Fee to:***  
Crystal Falls Township Zoning Administrator  
1384 West US-2, PO Box 329  
Crystal Falls, Michigan 49920