



Pine Grove Township
Michigan

**ZONING COMPLIANCE
PERMIT REQUEST**



NAME OF APPLICANT: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS OF SUBJECT PROPERTY: _____

PARCEL NUMBER OF SUBJECT PROPERTY: _____

DESCRIPTION OF REQUEST:

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

For Township Use Only

Date application received: _____ Fee Paid \$ _____

Approved

Approved with Conditions

Denied

Notes: _____

Signature of Zoning Administrator: _____ Date: _____

Zoning Compliance Permit Request Fee is \$55 and is non-refundable.
All Applications must be delivered to KABA. All checks must be made to Pine Grove.