



APPLICATION – ZONING COMPLIANCE PERMIT APPLICATION

Vevay Township
517.676.9523

780 Eden Road Mason, MI 48854
supervisor@vevaytownship.org

www.vevaytownship.org

PERMIT NUMBER: _____ DATE: _____

Applicant _____ Phone _____

Lot owner _____ Phone _____

Applicant email _____ Owner email _____

Lot owner address _____

Parcel Number 33-10-10- _____ - _____ - _____

Description of intended use or activity:

Zoning Administrator Comments:

Zoning Permit cost \$ _____

ZONING ADMINISTRATOR

If denied, an application for appeal must be filed within 14 days of the denial letter from the Zoning Administrator. Applicant hereby authorizes any Vevay Township Official to enter the above described premises for inspection purposes.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF LOT OWNER DATE