

ALAMO TOWNSHIP

7901 North 6th Street

Kalamazoo, MI 49009

Phone: (269) 382-3366 Fax: (269) 552-4733

ZONING COMPLIANCE APPLICATION AND PERMIT

Assessor's Parcel Number: _____

Property Address: _____

Owner's Name: _____

Mailing Address (if other than above) _____

City _____ State _____ Zip Code _____

Phone _____ Contact or Cell Phone _____

Zoning District: AG ___ L/D ___ R-1 ___ R-2 ___ R-3 ___ R-4 ___ C-1 ___ C-2 ___ I-1 ___ I-2 ___ I-3 ___

Road Frontage: _____ feet Lot size: _____ ft x _____ ft _____ Acres

On: Public Road ___ Private Road ___

If other than owner:

Applicant's Name: _____

Business Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Contact or Cell Phone _____

Fax Number _____

My signature below certifies all applicable Zoning Ordinance requirements have been or will be met. I certify, understand and agree with the use group and requirements of the Zoning Ordinance.

I certify the use of this building or structure is for:

Signature of Applicant: _____

Date: _____

Zoning Official Approval: _____

Date: _____