Village of Ashley 114 W. Oak St.

PO Box 158 Ashley, MI 48806 (989)847-3050

Fax: (989)847-4031

ZONING PERMIT APPLICATION

	PERMIT NUMBER:
APPLICATION DATE:	
APPLICANT NAME: APPLICANT ADDRESS:	
APPLICANT PHONE #:	
BUILDING SITE ADDRESS:	
TYPE OF DROVE OF	
TYPE OF PROJECT: (please give a brief description)	(must be staked out prior to inspection)
CONTRACTOR NAME: ADDRESS:	
PHONE NUMBER:	
I.D. NUMBER:	
APPLICANT SIGNATURE:	
APPROVED / DENIED BY:	
\$40.00 PERMIT FEE D	UE WITH APPLICATION
Please allow 5 business	days for review
For office use only	
Date received in office	
Amount received	

													ADDRESS 123 Street REAR 95'																	
														REAR 95' RIGHT SIDE LINE 48'																
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