

~ Working For a Brighter Future ~

Village of Roscommon

702 Lake Street • P.O. Box 236 • Roscommon, Michigan 48653
Telephone (989) 275-5743 • Fax (989) 275-5998

ZONING COMPLIANCE

DATE: _____

Fee: _____

APPLICANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

LOCATION: _____

BETWEEN _____ AND _____

LOT/PARCEL TAX I.D. #72-055- _____

DESCRIPTION OF USE: _____

SKETCH LOT: Include lot dimensions, size, set-back and distance between existing and proposed structures, dimensions, etc. (draw sketch on back of this sheet or attach separate sheet)

I hereby certify that all information provided is accurate to the best of my knowledge.

Signature of applicant

Date

If application is made by other than owner, owner must sign application below.

Signature of applicant

Date

FOR OFFICE USE ONLY

APPROVED: DENIED: REASON: _____

Signature of Village Representative

Date