

ZONING PERMIT APPLICATION



CHARTER TOWNSHIP OF COMMERCE
 2009 TOWNSHIP DR - COMMERCE TWP, MI 48390
 (248) 960-7060 FAX (248) 325-5977
 BUILDING@COMMERCETWP.COM

PERMIT _____
ISSUED _____

SITE	ADDRESS _____ PARCEL/SIDWELL _____ SUBDIVISION _____
OWNER	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ EMAIL _____ TELEPHONE _____
APPLICANT	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ EMAIL _____ TELEPHONE _____
PROJECT	<input type="checkbox"/> GENERATOR <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> SHED UNDER 200 SQ FT <input type="checkbox"/> FENCE

Applicant signature _____ **Date:** _____

BELOW -TOWNSHIP USE ONLY	
TOWNSHIP USE ONLY	PERMIT FOR: _____ APPROVED _____ DATE _____