

TOWNSHIP OF ALGANSEE

Date Approved: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Number Road City

TAX ID NUMBER OF SITE ADDRESS: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Name Phone Number

Mailing Address: \_\_\_\_\_  
Number Road City State Zip Code

Zone District: \_\_\_\_\_

Type of Occupancy/Dwelling: \_\_\_\_\_

Total Floor Area: \_\_\_\_\_

Total Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

**MINIMUM REQUIRED SET BACKS**

(Measurements from property line)

Front Yard/Road Side: \_\_\_\_\_

Rear Yard: \_\_\_\_\_

Side Yard: \_\_\_\_\_

\*IN CASE OF WATER FRONT LOTS - MUST BE 50 FT.  
FROM ALL WATER'S EDGE.

**TYPE OF CONSTRUCTION**

(This section to be filled out by the Zoning Administrator)

Construction Type: \_\_\_\_\_

Application Approved: \_\_\_\_\_, 20\_\_

Application Denied: \_\_\_\_\_, 20\_\_

Reason for Denial: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_

**FEES**

Residential: \$25.00 Commercial: \$25.00

Industrial: \$125.00

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

By Cash \_\_\_\_\_ By Check No. 709

**COMPLIANCE INSPECTION**

A Compliance Inspection must be done prior to any permanent installation, but after the site preparation is done. You must call the Zoning Administrator 24 hours before the site visit is needed, to schedule for this visit.

**COMPLIANCE OF SET BACKS:**

\_\_\_\_\_  
To be signed and dated by a Zoning Official

FINAL: \_\_\_\_\_  
To be signed and dated by a Zoning Official

Notes:

I hereby acknowledge that I have read this application and state that all information that I have provided is correct and that I agree to comply with all township ordinances, county, and state laws.

\_\_\_\_\_  
Signature of Property Owner or Representative

\_\_\_\_\_  
Date