

Parcel Number \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_

**CHARTER TOWNSHIP OF FLINT  
ZONING VERIFICATION/USE PERMIT APPLICATION**

\_\_\_\_\_  
(applicant)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip code)  
\_\_\_\_\_  
(telephone, home and business)

FOR OFFICE USE ONLY

Case Number \_\_\_\_\_  
Date Received \_\_\_\_\_  
Fee Received \_\_\_\_\_  
Receipt Number \_\_\_\_\_  
(attach inspection report sheets)

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If you are not the property owner what is your relationship to him/her? (circle one):  
Builder -Have Option to purchase -Agent -other \_\_\_\_\_

**ZONING/USE VERIFICATION – ATTACH ANY QUESTIONS THAT YOU REQUIRE VERIFIED.**

Project Address (if known) \_\_\_\_\_  
(If new construction, an address will not be known. An address is obtained after a zoning permit is issued.)

Parcel ID (tax) NUMBER \_ \_ - \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

Size of building, structure or addition: \_\_\_\_\_

**ATTACH REQUIRED PLANS, DRAWINGS, AND SPECIFICATIONS FOR THE PROPOSED LAND USE AND BUILDINGS ACCORDING TO § 14.2-2 OF THE CHARTER TOWNSHIP OF FLINT ZONING ORDINANCE OR A SITE DRAWING SHOWING PROPOSED PROJECT – INCLUDE ALL SETBACKS.**

**ATTACH A SHORT STATEMENT(S) OF SEATING/SLEEPING CAPACITY/NUMBER OF EMPLOYEES PER SHIFT, ALL OPERATIONS, AND SERVICES TO THE PUBLIC PROPOSED ACCORDING TO § 14.7-3 OF THE CHARTER TOWNSHIP OF FLINT ZONING ORDINANCE.**

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Charter Township of Flint Zoning Ordinance will be complied with. Further, I agree to notify the Building Department of the Charter Township of Flint for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Charter Township of Flint, the County of Genesee and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_

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

When completed send to:  
Charter Township of Flint Economic Development Department  
Tracey Tucker, Zoning Administrator  
1490 S Dye Rd. Flint, Michigan 48532