

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

Parcel Number _____
Date: _____
Name: _____

(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: _____

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 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