

**Carrollton Township
Zoning Permit Application**

Application for: (check only one)

_____ Rezone	_____ Subdivision
_____ Special Land Use	_____ Land Division
_____ Site Plan Review	_____ Planned Unit Development
_____ Variance (Board of Appeals)	_____ Other

Applicant Information

Name: _____

Address: _____

Phone: _____

Owner Information (if different from applicant)

Name: _____

Address: _____

Phone: _____

Property Information

Address/Location: _____

Parcel Number (Tax Id #): _____

Zoning (Current): _____ Property size: _____ (Acres)

Provide the legal description of the property affected (attach additional sheets if necessary)

Description of Proposed Use/Request (attach additional sheets if necessary)

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant

Date

Optional: I hereby grant permission for members of the Carrollton Twp. (Planning Commission, Zoning Board of Appeals, Township Board or Zoning Administrator) to enter the above described property for the purpose of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant

Date