Carrollton Township
Zoning Permit Application

Application for: (check any that apply)

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

For Office Use Only
Date Received:_____
Fee Paid:_____
Application Number:_____

Applicant Information

Name:_____
Address:_____
Phone:_____ Fax:_____ E-Mail:_____

Owner Information (If different from applicant)

Name:_____
Address:_____
Phone:_____

Property Information

Address/Location:_____
Parcel Number (Tax Identification #):_____
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 purposes 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