

You **MUST** answer all questions and include all attachments, this will be returned to you.

Bring or mail to: WELDON TOWNSHIP

FOR OFFICE USE ONLY	
Permit Numbers:	
Health Department	_____
Driveway	_____
Soil Erosion	_____
Application Approved by: _____	
Date	_____

PARCEL CODE	_____ - _____ - _____
LAND USE PERMIT #	_____
Received	_____ Issued _____
Fee \$	_____ Paid _____ Ck # _____

WELDON TOWNSHIP

AREA MUST BE STAKED FOR SET BACK INSPECTION

Have you staked both the property lines and the building site? Date Inspected: _____

APPLICATION FOR LAND USE PERMIT

Permits are **VALID FOR ONE YEAR** from date of issue

OWNER _____ DATE: _____

ADDRESS _____ PHONE: _____ EMAIL: _____

PROJECT ADDRESS _____ ZONED: _____

GENERAL CONTRACTOR _____ PHONE: _____ EMAIL: _____

CONTRACTOR ADDRESS _____ LICENSE # _____

PROPOSED LAND USE Residential _____ Commercial _____ Industrial _____ Agriculture _____

SITE PLAN REQUIRED DRAWN TO SCALE (*Either professional or drawn on back of application*)

PROPOSED LOCATION ON PARCEL: OVERALL STRUCTURAL DIMENSIONS:

Width _____ Length _____ Height _____ # Stories _____

SETBACKS: Distance from road side property line _____ Rear line _____

Distance from side line _____ and side line _____

TYPE OF CONSTRUCTION - BLUE PRINTS REQUIRED

- | | | |
|-----------------------|------------------------|----------------------------|
| _____ House | _____ Wood Frame | _____ Block Basement |
| _____ Garage | _____ Post Frame | _____ Wood Basement |
| _____ Deck | _____ Block | _____ Poured Wall Basement |
| _____ Shed | _____ Poured Wall | _____ Block Crawl |
| _____ Mobile Home HUD | _____ Pre-Fab | _____ Wood Crawl |
| _____ Mfg. Home HUD | _____ Structural Steel | _____ Poured Wall Crawl |
| _____ Office | _____ Other Explain | _____ Slab |
| _____ Warehouse | _____ | _____ Other Explain |
| _____ Shop | _____ | _____ |
| _____ Other Explain | _____ | _____ |

IN GRANTING OF A PERMIT FOR CONSTRUCTION, ALL APPLICABLE ORDINANCES SHALL BE COMPLIED WITH. THE TOWNSHIP OF WELDON SHALL NOT BE LIABLE FOR ANY DAMAGES RESULTING THEREFROM.. IN SIGNING THIS APPLICATION, YOU ARE PERMITTING A REPRESENTATIVE OF CLEARWATER TOWNSHIP TO DO ON SITE INSPECTIONS.

OWNER MUST SIGN _____ Phone: _____ Date: _____

