

# WEESAW TOWNSHIP

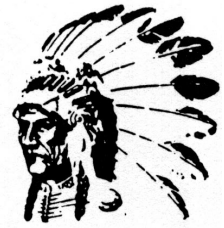
County of Berrien

13518 State Street, P.O. Box 38

New Troy, Michigan 49119

Telephone (269) 426-3002 • Facsimile (269) 426-7114

Zoning Administrator: Robert Krauss (Phone: 269-999-6366)



## ZONING APPLICATION

AUTHORITY: PA 230 of 1972, AS AMENDED	THE TOWNSHIP OF WEESAW WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP
COMPLETION: MANDATORY TO OBTAIN PERMIT	BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS,
PENALTY: PERMIT WILL NOT BE ISSUED	HANDICAP, OR POLITICAL BELIEFS.
<b>DATE OF APPLICATION:</b>	<b>(\$50 Zoning fee required)</b>

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, AND III**  
**NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION**  
**FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

(Please use reverse side of sheet for additional information & signature)

I. PROJECT INFORMATION				
PROJECT NAME		ADDRESS		
CITY	VILLAGE	TOWNSHIP <b>WEESAW</b>	COUNTY <b>BERRIEN</b>	ZIP CODE
Email				
BETWEEN (Road names)		And		
<b>PROPERTY TAX I.D. NUMBER: 11—22—</b> _____				

II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME (list all deeded property owners)		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO.	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO.	
LICENSE NO.			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO.	
BUILDER'S LICENSE NO.			EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS' COMP. INSURANCE CARRIER/ADDRESS OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				

III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
<b>A. TYPE OF IMPROVEMENT:</b>			<b>ESTIMATED COST: \$</b>	
1. <input type="checkbox"/> New Building	3. <input type="checkbox"/> Alteration	5. <input type="checkbox"/> Demolition	7. <input type="checkbox"/> Foundation Only	9. <input type="checkbox"/> Relocation
2. <input type="checkbox"/> Addition	4. <input type="checkbox"/> Repair	6. <input type="checkbox"/> Mobile Home Set-Up	8. <input type="checkbox"/> Pre-manufacture	10. <input type="checkbox"/> Special Inspection

11.  Other (Specify type, e.g., farm agricultural building/barn, etc.):

**B. REVIEW(S) TO BE PERFORMED**

Building       Electrical       Mechanical       Plumbing       Foundation

**Is there a Drain/County Drain on this property?**    Yes ;    No

If **YES**, you must contact the Berrien County Drain Commission in order to provide information to the Township regarding drain easements, dimensions and potential restrictions.

**APPLICANT'S ADDITIONAL INFORMATION:**

Multiple empty horizontal lines for providing additional information.

**I hereby grant permission for a Weesaw Township official to enter the subject property for the purpose of gathering information related to this application, at a time mutually agreed-upon with the applicant.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Weesaw Zoning Administrator's Use Only:**

1) Meets Zoning Ordinance Requirements:    Yes ;    No      2) Approved:    Yes ;    No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator's Signature

\_\_\_\_\_  
Date

For Building permits please contact the State of Michigan: <https://www.michigan.gov/lara/bureau-list/bcc>