



# ZONING PERMIT APPLICATION

**Oronoko Charter Township**  
 4583 E Snow Rd  
 Berrien Springs, MI 49103  
 269-471-2824

**Village of Berrien Springs**  
 112 N Cass Street  
 Berrien Springs, MI 49103  
 269-473-6921



**ALL INFORMATION IS REQUIRED**

Oronoko Charter Township Zoning Ordinance Section 19.03 and The Village of Berrien Springs Zoning Ordinance Section 26.03 require an approved Zoning Permit for all work & use changes. The permit is required prior to beginning any work.

Date	Parcel ID (tax) Number 11-			Applicant / Contractor Name		
Property Owner(s) Name				Mailing Address		
Mailing Address				Mailing Address		
City	State	Zip code		City	State	Zip code
Day Phone	Evening Phone			Day Phone	Federal ID No / MI License No:	
Current Zoning of Property	Property Address			Location of Property:	side of	Road
Lot Size and Total Existing Acreage				Between	and	Roads
Owner Email Address:				Applicant Email Address:		
Primary Reason for Application: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Ag Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Driveway <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Use Change <input type="checkbox"/> Compliance <input type="checkbox"/> Sign <input type="checkbox"/> Site Plan Review <input type="checkbox"/> Other						
Describe the reason for this application, what this property will be used for, any work to be performed and its value.						
						Value \$ _____

**A SURVEY OR SCALE DRAWING SHOWING ALL DIMENSIONS, (adjacent roads, existing buildings, proposed work, proposed structures and setbacks) MUST ACCOMPANY THIS APPLICATION.**  
**Contractors please provide your Liability and Workman Comp Insurance Information**

**THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT**

*I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above described property for the purpose of gathering information related to this application.*

**Signature and Date** Applicant(s) \_\_\_\_\_

**Signature** (if other than owner): \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – ZONING ADMINISTRATION USE ONLY**

Date Received	Zoning Permit #	Scheduled Site Visit Date	911 Address Number
Septic Permit Number	Well Permit Number	Soil Erosion Permit Number	Culvert Permit Number
EGLLE Permit Number	DEQ Permit Number	Building Permit Number	Receipt #

APPROVED    DENIED reason over \_\_\_\_\_ Signed \_\_\_\_\_ Zoning Administrator   Date \_\_\_\_\_