

Pierson Township Zoning
PO Box 109
21156 Cannonsville Rd
Pierson, MI 49339
616-636-8570 Fax 616 636 4911
Hours Tuesday, Wednesday, Thursday 10-3
Other hours by appointment

ZONING PERMIT APPLICATION

Applicant name: _____

Applicant is designated: (circle) property owner contractor

Applicant address: _____

Applicant Phone # _____

Property Owner : _____

Property Owner Address: _____

Owner Phone # _____

Jobsite Address: _____

Tax Parcel Id # 59-015- _____

Zoned as: _____ **Dimensions of Lot/Parcel** _____

Type of Construction: _____ **Number of stories:** _____

Size and Dimensions of Construction: _____ **Floor Area:** _____ sq.ft

Accessory Building: (circle) attached detached **Size and sq.Ft** _____

Water Supply (circle) public private **Sewer (circle)** public private

Applicant Signature: _____

