



6/27/25

SHELBY TOWNSHIP ZONING PERMIT APPLICATION
(Approved Application is the Zoning Permit)

OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTRACTOR INFORMATION: _____

OFFICE USE ONLY

Date Rec'd: _____

Zoning District: _____

ZONING PERMIT #: _____

COPIES: ASSESSOR - OWNER

PARCEL NUMBER: _____ PROPERTY ADDRESS: _____

PROPOSED PROJECT: _____

SIZE (Square Feet)			
UF Basement		Finished Basement	
1 st Floor		2 nd Floor	
Porch		Deck	
Garage		Pole Barn	
		Other	

SETBACKS FROM PROPERTY LINES:

FRONT		LEFT SIDE	
REAR		RIGHT SIDE	
OTHER		HEIGHT	

STATE OF MICHIGAN PERMIT _____ (if applicable)

SITE PLAN MUST BE ATTACHED, and show the following: Dimensions of lot, road or street locations, existing buildings and size, proposed buildings (s), and size, distance from property lines (front, rear, and sides), parking spaces (if applicable).

- New Builds or Additions: Set of plans showing Floorplan, floors/story height, views, side & front, type of foundation or basement. Plan blueprint / or layout by the owner is acceptable.
- Owner(s) certifies that all information provided is correct and will abide by all rules, regulations, zoning ordinances of State, County, and local Township, and all others that may apply and grants permission for Township officials to enter the above-described property for inspections and/or the purposes of gathering information regarding this permit. The owner(s) understands that this permit will be null and void, if issued for a property illegally split.
- **Other information, including a formal survey, may be requested by the Township prior to approval.**

Applicant's Signature: _____ Date: _____

When completed send application & \$100 Fee to: Shelby Township, 204 N. Michigan, PO Box 215. Shelby, MI 49455

PROJECT APPROVED _____ PROJECT NOT APPROVED _____

APPROVED: ZONING ADMINISTRATOR SIGNATURE _____

DATE _____ (Zoning permits are valid for one year from date of issue)

COMMENTS: _____