## **Alaiedon Township**

2021 Holt Road Mason, MI 48854 Ph: 517-676-9277 Fx: 517-676-9332 www.alaiedontwp.com



	For	C	)ff	ice	U	se	O	nl	ÿ.					
PERMIT NU	MBER:													
RECEIVED	BY:													
DATE RECE	IVED :													
FEE PAID R	ECEIPT	#												

## APPLICATION FOR BUSINESS USE ZONING PERMIT

Owner's Name:					-	
Business Name:						
Business Address:					_	
Phone:						
Email:						
Property Location:						
Property I.D. Number: 33-	06-06		Zoning	Classific	ation:	
Road Frontage:	_FEET	Lot Depth:		_FEET	Acreage:	
APPROVAL FOR:						_
	List b	usiness type and pr	rimary produ	ict or servic	e	
Signature of Applicant:					Date:	_
[ ] APPROVED					[ ] DENIED	
Special Requirements:						_
Supervisor's Signature:					Date:	