

Alaiedon Township

2021 Holt Road
Mason, MI 48854
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www.alaiedontwp.com



For Office Use Only

PERMIT NUMBER: _____

RECEIVED BY: _____

DATE RECEIVED: _____

FEE PAID RECEIPT # _____

APPLICATION FOR AGRICULTURAL ZONING PERMIT

Zoning Permit Number: _____ Owner's Name: _____

Parcel Number: _____

Parcel Address: _____

Phone: _____ Email: _____

Road Frontage: _____ Lot Depth: _____ Acreage: _____

Set Back: Front: _____ Side: _____ Rear: _____

Flood plain: YES NO

Approved By:

Ingham County Health Department: _____ Date: _____

Ingham County Drain Commission: _____ Date: _____

Ingham County Road Commission Culvert Permit: YES NO N/A

Approval For: _____

Special Requirements: _____

Fee Paid: \$ _____ Received By: _____ Date: _____

Applicant's Signature(s): _____

Applicant's Address and Phone: _____

Zoning Administrator: _____ Date: _____