

Storage Container Temporary Use Permit Application Aurelius Township Ingham County, Michigan

APPLICANT

Name

Last	First	Middle Initial
------	-------	----------------

Address

Street and Number	City	State	ZIP
-------------------	------	-------	-----

Telephone

Main Number	Email Address
-------------	---------------

OWNER

Name

Last	First	Middle Initial
------	-------	----------------

Address

Street and Number	City	State	ZIP
-------------------	------	-------	-----

Telephone

Main Number	Email Address
-------------	---------------

PARCEL NO.

Property Address

REQUEST

From Date: _____ To Date: _____

I, the undersigned, agree to the following conditions:

1. To keep the premises clean and orderly during the use granted under this permit.
2. To prevent the obstruction of any pedestrian walkway or reduction in the clearance width.
3. To prevent the interference of vehicular movement or parking in any required parking area.
4. To cease operation and render the site completely free of remaining appurtenances by the end of the final day of this permit.
5. Any other conditions of approval as defined on permit.

SIGNATURE

Applicant's _____ Date _____

Owner's _____ Date _____

Site Plan - A drawing of lot lines, existing buildings, drives and proposed placement of container must accompany this application.

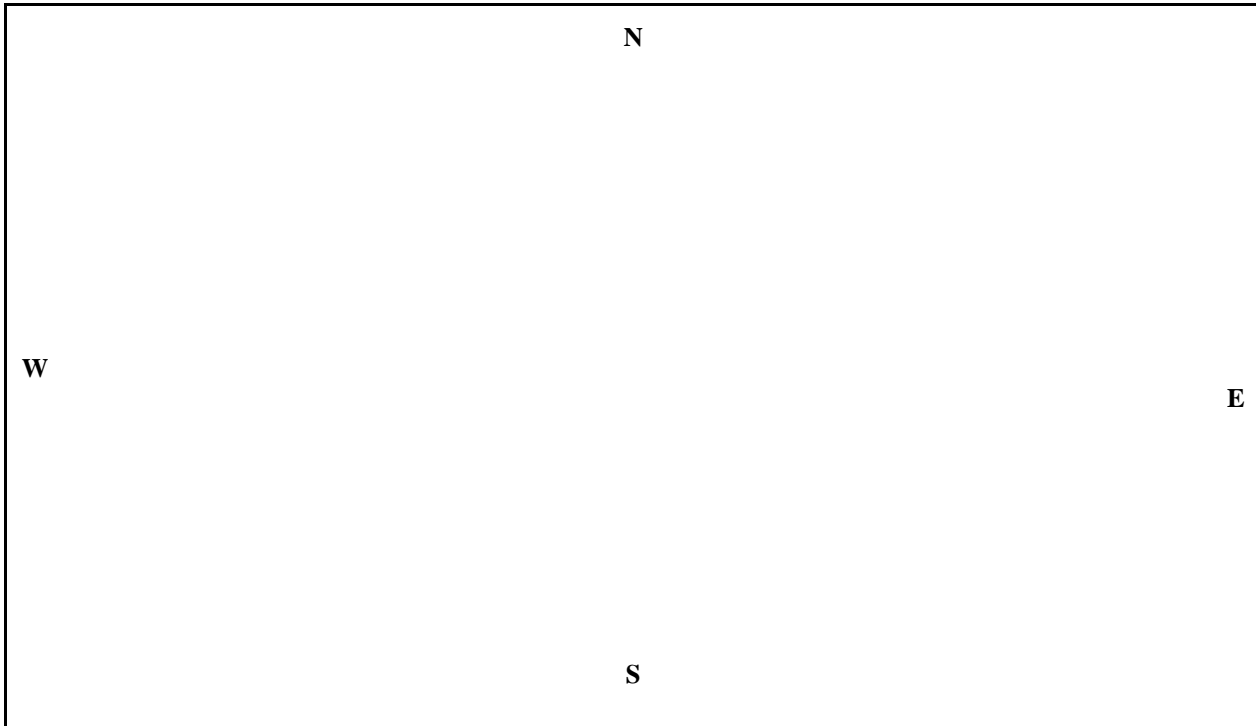
OFFICIAL USE ONLY

Amount Fee Paid \$ _____ Check # _____ Date Received _____ Date Complete _____

AURELIUS TOWNSHIP
1939 S. AURELIUS ROAD, MASON MI 48854

Storage Container Application

Site Plan



Property Line Verification

I certify that the location of the property line is true and correct as identified. If the location of the property line is incorrect, I am responsible for identifying the property line and moving the building if necessary.

Property Owner Name email address

Address City State Zip

Parcel #

Signature of property owner Date