

Cannon Township
6878 Belding Rd NE * Rockford MI 49341
Phone 874-6966 Fax 874-8940
Application Commercial or Industrial Zoning Permit

Date_____

Property Owner_____

Property Address_____

City_____ Zip_____

Owner Phone Number_____ E-mail_____

Zoning District: B-1 B-2 I Special Land Use - yes no

Permanent Parcel # 41-11-_____

ATTACH LEGAL DESCRIPTION_____

USE(S)_____

Planning Commission Site Plan Approval Date_____

Special Conditions_____

Utilities: Please Circle Sewer Septic System Well Private Water System

Applicant Signature_____

Storm Water Permit #_____

Date Received _____ Date Approved _____

Zoning Administrator Signature_____

THE FOLLOWING REVIEWS AND PERMITS ARE REQUIRED:

1. COMMERCIAL BUILDING PLAN REVIEW AND PERMIT
2. ELECTRICAL PLAN REVIEW AND PERMIT
3. PLUMBING PLAN REVIEW AND PERMIT
4. MECHANICAL PLAN REVIEW AND PERMIT
5. HIGHWAY PERMIT - KENT COUNTY ROAD COMMISSION (242-6920)
6. SEPTIC PERMIT - KENT COUNTY HEALTH DEPARTMENT (632-7100)
OR SEWER PERMIT - CANNON TOWNSHIP
7. WELL PERMIT - KENT COUNTY HEALTH DEPARTMENT (632-7100)
8. CONSTRUCTION SITE PLAN APPROVAL - TOWNSHIP ENGINEER