

Certificate of Zoning Compliance _____

Ann Arbor Township
3792 Pontiac Trail Ann Arbor, MI 48105
Phone: 734-663-3418 Fax: 734-663-6678
www.aatwp.org

Property Address: _____

Property ID: _____

Proposed Activity: _____

Applicant's Name, Address and phone: _____

Owner's Name, Address and phone: _____

- If Applicant is not the property owner, a duly verified affidavit from owner, authorizing proposed activity, is required
- Provide two copies of a site plan. Include scale, north arrow, shape and dimensions of lot, dimensions and location of existing & proposed structures, driveways, fences, well & septic system, distances between structures and property lines, and height of proposed structures.

Applicant Signature

Date

Office Use

Zoning District _____ Use _____

Determination _____

Conditions/Reason _____

Zoning Official

Date