

DRIVEWAY APPLICATION

Number _____ LU # _____

Date _____

OWNER'S NAME _____

Address _____

City _____ Zip Code _____

Phone# _____

APPLICANT (If not owner)

Name _____

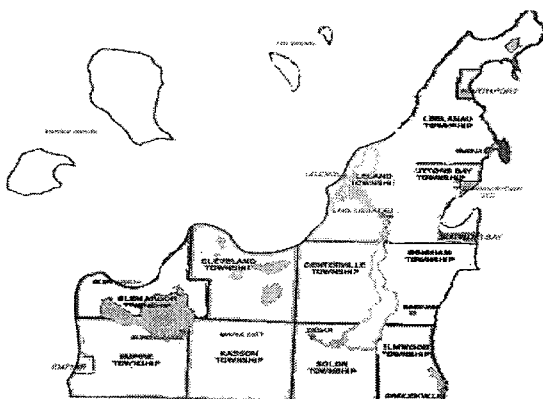
Address _____

City _____ Zip Code _____

Phone # _____

ZONING

SOLON TOWNSHIP



Phone (231) 946-5315
Fax (231) 947-2014

Location of driveway: _____

T28N, R12W, Solon Township, Leelanau County, Michigan

Property Tax ID# 45-010- - - *

Single Use Width (12' Min) Length

If driveway is used by a second dwelling (dual use), add that Property ID#

Other Property Tax ID# 45-010- - - *

Dual Use Width (16' Min) Length

On an attached sheet, provide a professionally prepared drawing and legal description of the property in question. Include driveway right-of-way description.

Application Fee \$ _____

Other _____

Total Amount Due _____

Paid by Check# _____ Cash _____ Total Amount Paid: \$ _____

Applicant/Owner's Signature _____ Date _____

NOTE: Signature on above line gives approval for township official(s) to visit site.

Received by: _____ Date _____