

**COMMERCE TOWNSHIP
APPLICATION FOR RESIDENTIAL
ACCESSORY BUILDING HEARING**

| | |
|----------------------|-------------|
| Applicant _____ | Phone _____ |
| Address _____ | |
| E-Mail Address _____ | |
| Owner _____ | Phone _____ |
| Address _____ | |

| | |
|---------------------------------------|--|
| Property Address and Location _____ | |
| Sidwell Number _____ | (Attach legal description on a separate sheet) |
| Property Dimensions _____ | Area of Site _____ |
| Dimensions of Proposed Building _____ | |
| Area of Proposed Building _____ | |

| | |
|---|--|
| Proposed Use of Building _____ | |
| Total No. of Accessory Buildings(existing & Proposed) _____ | |
| Total area of all Accessory Buildings _____ | |

I hereby grant Commerce Township personnel, involved with the review of this request, permission for reasonable entry onto the above property for investigations specifically related to this request.

Applicant _____ Date _____

Please Print _____

Owner _____ Date _____

Please Print _____

A certified survey, indicating lot lines, dimensions and location of existing and proposed buildings, existing and proposed landscaping and other relevant features must accompany this application.