



# VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485  
MANCHESTER, MI 48158  
(734) 428-7877 FAX: (734) 428-1877  
WWW.VIL-MANCHESTER.ORG

## TEMPORARY DWELLING PERMIT

Application Date: \_\_\_\_\_

### APPLICANT IDENTIFICATION:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY IDENTIFICATION:

Address at which Temporary Dwelling is to be located: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Reason for Temporary Dwelling: \_\_\_\_\_

Length of time desired for temporary dwelling use (not to exceed one year from the date of approval):  
\_\_\_\_\_

### DRAWING REQUIRED:

A scaled drawing must show the location of the proposed structure. Show other structures and lot lines.

### APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge and is in compliance with the Village of Manchester Code for Temporary Dwellings (151.069).

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Office Use Only:**

Zoning Fee:  \$40.00

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Zoning Administrator Approval:  Approved

Denied

Date: \_\_\_\_\_

Zoning Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tap In Connection:  \$ 2,900.00

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Public Water/Sewer Hookup: \_\_\_\_\_ (date)