



CITY OF MANCHESTER

912 CITY ROAD
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877

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 City 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)