

**WINDSOR TOWNSHIP
ZONING PERMIT FOR TEMPORARY ACCESSORY STRUCTURES**

PROPERTY INFORMATION

Owner: _____ Tax Map _____ Parcel _____

Address: _____ Phone Number: _____

_____ Email: _____

Subdivision Name: _____ Lot No. _____

Site Address: _____

DESCRIPTION OF WORK

Provide details on plot plan on back. Show all other buildings and dimensions from property line.

Date of Delivery: _____ Date of Removal: _____

CONTRACTOR INFORMATION

Name of Rental Company: _____

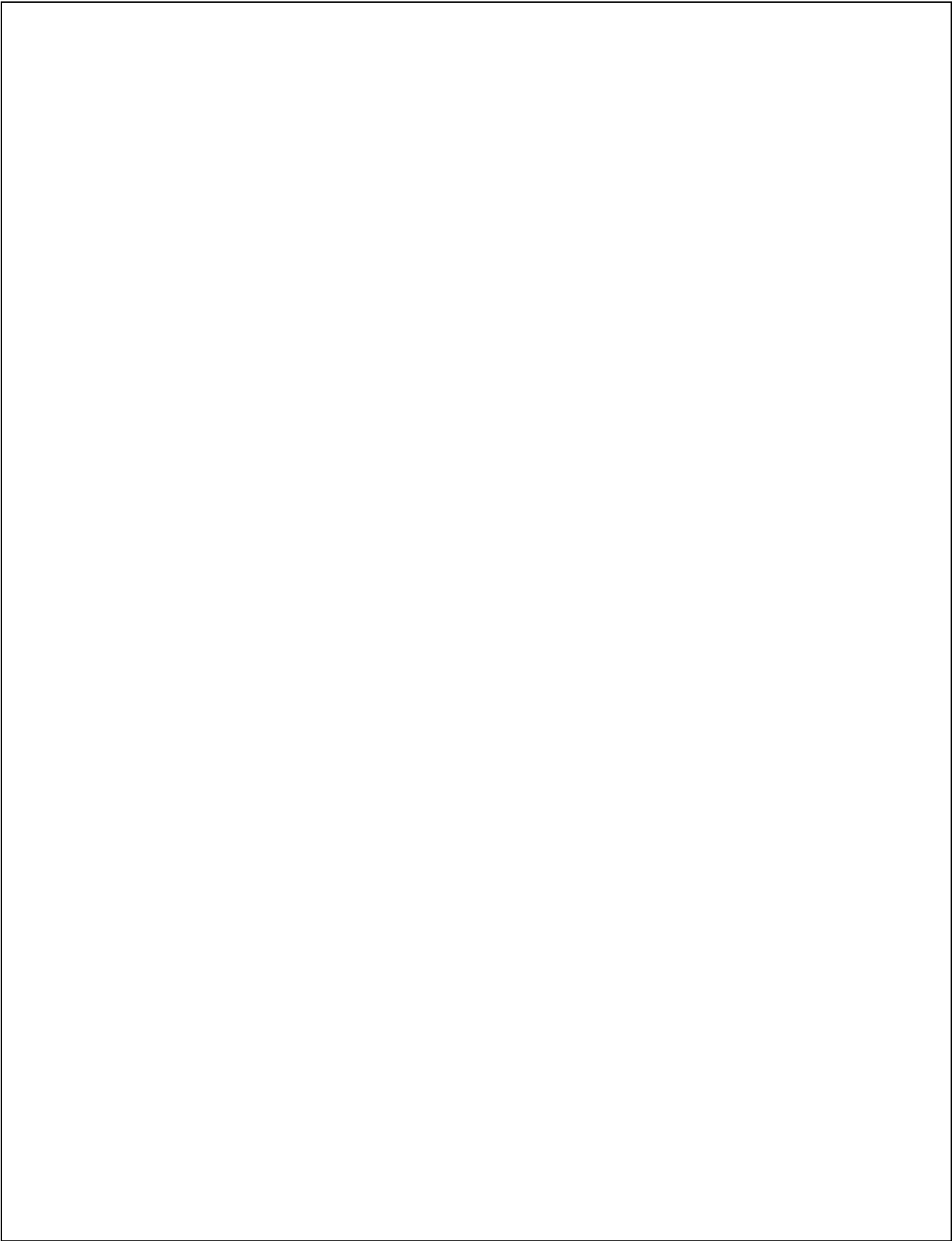
Address: _____

Phone Number: _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE _____



PLOT PLAN MUST SHOW:

1. Lot dimensions and names of abutting streets, roads and highways.
2. Location of existing and proposed structures on lot.
3. Location of existing parking areas, including driveways and walkways.
4. Any easements or right-of-ways located on the lot.