

PUTNAM TOWNSHIP

3280 W M-36 * Pinckney, MI 48169 * Phone 734.878.3131 * Fax 734.878.2545 * Web www.putnamtwp.us

PUTNAM TOWNSHIP TRAILER PERMIT APPLICATION

Date: _____

Applicant Name: _____

Address: _____

Telephone: Day _____ Evening _____ Email _____

Permit Type Requested:

_____ Emergency Permit (90 Day Limit)

_____ Construction Permit (One Year Limit)

_____ Dependency Permit (One Year Limit)

Supporting Documentation:

_____ Certification of Destroyed or Uninhabitable Dwelling on Site.

_____ Land Use Permit, including Well/Septic Approvals.

_____ Dependency Certification.

a) Name(s) of Dependent(s)

b) Relationship of Dependent to Applicant

c) Nature of Dependency

(1) Physical/Mental Disability (Doctor's Certification of type/degree of disability).

(2) Financial Dependency (Income data must be supplied).

_____ Site plan showing proposed placement of trailer on property.

_____ \$5,000.00 Surety Bond or \$5,000.00 Cash

I hereby certify that all information and data attached to and made part of this application are true and accurate to the best of my knowledge and belief.

Signature: _____

.....
For Township Use Only Below this line.

Received: _____ Site Inspection: Yes _____ No _____ N/A _____ Date _____

Zoning Inspector Recommendation: _____

Signature: _____ Date: _____

Action of Township Board: Approval Date _____ Disapproval Date _____

*Five Thousand Dollar (\$5,000.00) Cash Provided: _____ (or)

*Five Thousand Dollar (\$5,000.00) Surety Bond Provided: _____

Date of Termination of Bond: _____

Permit Issued: _____ Effective Date: _____ Termination Date: _____

Signature: _____ Date _____

* Five thousand dollar (\$5,000.00) Surety Bond or Cash supplied to insure removal of trailer at termination date.
Termination of Bond to fall (60) days after termination of Permit.