

AFFIDAVIT

I (we) the undersigned affirm that the forgoing answers, statements and information and all attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Certificate of Zoning Compliance for, if granted, is issued on the representations made herein and that any Certificate of Zoning Compliance, Building Permit, or Certificate of Occupancy subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned also understand properties containing an ADU may not contain a short-term rental, and that all applicable federal, state, and local regulations shall apply.

(Check one) Applicant(s) Property Owner(s) (if different from applicant)

Signature(s): _____ Date: _____

Type or Print Your Name(s) Here: _____

NOTE: This application, when completed, must be returned to the Ontwa Township Zoning Administrator, located in the Ontwa Township Hall. If you need more information or have questions concerning this application or fees, contact the Zoning Administrator. He is available at the Ontwa Township Hall on Mondays, Tuesdays, and Wednesdays from 9:00am to 2:00pm. He may also be reached by phone at the number above or at (269) 663-2347.

FOR TOWNSHIP USE ONLY

Fee: _____ **Date Paid:** _____

Paid by: Cash Check Check #: _____ Fee paid with Building Permit: _____

Action Taken: Approved By: _____

Denied By: _____

Comments: _____
