



**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 or Building Permit 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 that if an accessory building is used as a dwelling, the property 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. The Administrator is available at the Ontwa Township Hall on Mondays, Tuesdays, and Wednesday from 9:00am to 2:00pm. He may also be reached by phone at the number above or at 269-663-2347 Monday through Friday from 10:00am to 4:00pm.

**FOR TOWNSHIP USE ONLY**

**Fee:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Paid by:**     Cash       Check      **Check #:** \_\_\_\_\_ **Fee paid with Building Permit:** \_\_\_\_\_

**Action Taken:**     Approved      **By:** \_\_\_\_\_

Denied      **By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_