



Village of Stockbridge
305 W. Elizabeth St.,
Stockbridge, Mi 49285
517 - 851 - 7435

Certificate of Zoning Compliance

Certificate of Zoning Compliance for: Zoning Application

Dated:

Name of Property Owner: _____

Telephone Number: _____

Email: _____

Property Address: _____

Property Tax Id. Number: _____

Current Zoning of District in which property is located within: _____ R-1, _____ R-2, _____ R-3, _____
CBD, _____ C-2, _____ C - 3, _____ M-1, _____, PUB _____ OSC

Provide a detailed description of what activity is proposed within selected Zoning district:

Zoning Compliance applicable to Permitted Use? _____ yes _____ No _____ NA

Zoning Compliance applicable to approved variance? _____ yes _____ No _____ NA

Zoning Compliance applicable to approved Special Use permit? _____ yes _____ No _____ NA

Zoning Compliance applicable to approved Rezoning request? _____ yes _____ No _____ NA

Total Application Fees collected: \$ _____ Date: _____

Applicants: Signature: _____ Date: _____

Official Action by Zoning Administrator: _____ Approved _____ Not Approved

If not approved reason for not approving Zoning Certification :

Signature of Issuing Zoning Administrator: _____ Date: _____