



# TOWNSHIP of LIGONIER

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## APPLICATION FOR ZONING OCCUPANCY PERMIT

**Applicant's Name and Address** \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Occupant's Name and Address** \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Owner's Name and Address** \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Zoning District \_\_\_\_\_

Date occupancy will begin \_\_\_\_\_

Septic Permit/Sewer Tap No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Premises serviced by Municipal Water Well  
Municipal Sewer Septic

Current Use/Intended Use

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Multi-Family Dwelling |
| <input type="checkbox"/> Commercial             | <input type="checkbox"/> Institutional       | <input type="checkbox"/> Industrial            |
| <input type="checkbox"/> Agricultural           | <input type="checkbox"/> Home Business       | <input type="checkbox"/> Other (specify)       |

(If Commercial, Institutional, Industrial or Other, describe intended use in detail)

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No. of Employees \_\_\_\_\_ Non-Family \_\_\_\_\_ Family/Resident

I hereby certify that all of the above statements and the information set forth on any papers or plans submitted herewith are true and correct to the best of my knowledge and belief.

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Applicants Signature \_\_\_\_\_

**Township Action**

Date \_\_\_\_\_

This application is approved and a permit is issued

Date \_\_\_\_\_

This application is denied for the following reasons

\_\_\_\_\_

\_\_\_\_\_

Occupancy Permit \_\_\_\_\_

Issued \_\_\_\_\_

Fee Paid \_\_\_\_\_

\_\_\_\_\_

Zoning Officer