

Amount Paid _____

Date Paid _____

Receipt Number _____

**KINROSS CHARTER TOWNSHIP
COUNTY OF CHIPPEWA**

QUARRY APPLICATION

BUSINESS NAME _____ DATE _____

ADDRESS OF QUARRY _____

NAME OF OWNER & CO-OWNER(S) _____

ADDRESS WHERE RECORDS ARE KEPT _____

DAYTIME PHONE _____

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

(ATTACH ALL REQUIRED DOCUMENTATION AS REQUIRED BY ORDINANCE)

I HEREBY DECLARE the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable or transferable, and I agree to the powers of revocation and suspension as contained in the quarry ordinance of the Charter Township of Kinross.

DO NOT WRITE BELOW THIS LINE OFFICIAL USE ONLY

ZONING ADMINISTRATOR

ZONING ADMINISTRATOR REVIEW DATE _____

ZONING ADMINISTRATOR RECOMMENDATION: APPROVE _____ DENY _____

COMMENTS:

ZONING ADMINISTRATOR

KINROSS CHARTER TOWNSHIP PLANNING COMMISSION

LICENSE: CONDITIONAL _____ GRANTED _____ WITHHELD _____

Denial reason (s) or conditions: _____

Date of Commission Action _____