

Village of Pinckney

PO Box 108
220 S Howell St
Pinckney MI 48169

LAND USE PERMIT WAIVER

Project Location/Job Address _____

Lot # _____ Tax ID# 14- _____

Zoning _____

Property Owner _____ Phone _____

Address _____

Business Owner (if different) _____ Phone _____

Type of project: _____

Reason for waiver: _____

Comments:

Zoning Administrator _____ Date _____

Phone 734-878-6206

Fax 734-878-9749