

email: zoning@villageofpinckney.org

## Land Use Permit Waiver

Date:			Zoning District:  Tax Code #: 14		
Job Site Location:					
Owner Information					
Property owner:			Phone #:		
email:					
Address of Owner:					
Contractor Information					
Contractor name:					
Address:					
Phone:		email:			
Type of Project:					
Driveway Sealcoat	Re-roof	siding/re-siding	window replacement	gutters	
Other: Explain:					
<b>Certification:</b> I hereby certify the Village of Pinckney, Living		• •	made will conform with Ordinand	ces of	
Applicant Signature:			Date:	<del>-</del>	
Approved:					
Zoning Administrator Signature:			Date:		