

CLINTON COUNTY ZONING DEPARTMENT
Independent Temporary Living Application

Date: _____

I.T.L. #: _____

Applicant: _____

Home Phone #: _____

Address: _____

Work Phone #: _____

Emergency Phone #: _____

Property Owner: _____

Day Phone #: _____

Township: _____

Zoned: _____

Proposed Resident: _____

Relationship to applicant: _____

Physician of record: _____ Phone #: _____

Address: _____ Fax #: _____

Physician's letter substantiating assistance

Health Department Approval: _____ Date: _____

I agree that all statements above are true regarding the property and proposed activity.

Applicant's Signature: _____ Date: _____

Zoning Inspector: _____ Date: _____

Approved

Yes

No

Building Permit #: _____