

**LEE TOWNSHIP**  
**Midland County**

**Residential Site Plan Application**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number \_\_\_\_\_

Parcel Identification number of the parcel where the proposed structure will be located

\_\_\_\_\_

A COPY OF ALL MATERIAL SUBMITTED TO THE TOWNSHIP CODE AUTHORITY SHALL BE ATTACHED TO THIS APPLICATION ALONG WITH COPIES OF ALL DECISIONS FROM THE TOWNSHIP CODE AUTHORITY REGARDING THE PROPOSED STRUCTURE.

**The Applicant hereby attests that the information contained within this document along with any attachment are true and accurate to the best of the Applicant's knowledge as evidenced by the Applicant's signature below.**

Date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Please submit to Lee Township, 1485 West Olson Road, Midland MI 48640, or contact Zoning Administrator, Russell Babcock, [twpzoningadministrator@gmail.com](mailto:twpzoningadministrator@gmail.com) or 989-832-2874 (Extension 5) for more information.

**To be Completed by the Zoning Administrator or designee**

Date of Receipt of Permit Application: \_\_\_\_\_, 20\_\_\_\_\_

Parcel number where structure is to be placed: \_\_\_\_\_

Application for Administrative Permit: \_\_\_\_\_(GRANTED)  
\_\_\_\_\_ (DENIED - with explanation)  
\_\_\_\_\_ (INCOMPLETE - with explanation)

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Date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Russell Babcock  
Zoning Administrator

**(Original to be retained by Township and a copy to be provided to Applicant)**