

**CHARTER TOWNSHIP OF LANSING
3209 W. Michigan Avenue
Lansing, MI 48917
517-485-4063**

TEMPORARY STRUCTURE PERMIT APPLICATION

PERMIT # _____
Effective Date: _____ to _____
Fee Paid: _____

APPLICANT INFORMATION

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

Name _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

LOCATION OF STRUCTURE

[] Owner [] Lessee

Address _____ Name _____

Lansing Township, ZIP Code _____ Address _____

Legal Description _____ City, State, ZIP _____

TYPE OF STRUCTURE and USE

Type of Structure: _____ [] Commercial Property

Proposed Use: _____ [] Industrial Property

Size: _____

Please indicate if any of the following apply to the use of the temporary structure:

Electricity Provided: _____ Cooking: _____ Food: _____ Beverage Service: _____

*Please attach a site plan showing where the temporary structure is located on the property.

Applicant's Signature : _____

Please Print: _____

Landlord Signature, If Applicable _____

Print Name: _____