



5245 N. M-18  
PO Box 606, Roscommon, MI 48653  
P: 989-275-8232 | F: 989-275-4860

Zoning Admin Use Only	
Rcpt#	_____
PA-SV	_____
Refuse	_____
SBTFD	_____
Permit#	_____

### South Branch Township Temporary Camping Permit Application

**Property Owner Information:**

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_, Zip: \_\_\_\_\_  
 Mailing Address: (if different from above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_, Zip: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_, Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_

**Property Information:**

South Branch Township: T \_\_\_\_\_, R \_\_\_\_\_, Section: \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_:  
 Property Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Stream Corridor Overlay? Y / N Acreage: \_\_\_\_\_

**Recreational Unit (RU) Information:**

Type of RU (i.e. Travel Trailer/RV; Truck camper; Motor home/coach): \_\_\_\_\_  
 RU is:  Motorized (self-powered), or  Trailer (must be towed)  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 License Plate #: \_\_\_\_\_ State:  MI or  other (specify) \_\_\_\_\_  
 RU is registered in the name of: \_\_\_\_\_  
 Registration Effective date: \_\_\_\_\_ Registration Expiration date: \_\_\_\_\_  
 DL # \_\_\_\_\_ Driver's License Expiration date: \_\_\_\_\_  
 Insurance carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_  
 Policy Effective date: \_\_\_\_\_ Policy Expiration date: \_\_\_\_\_

*\*Note: RU must have a valid insurance policy for permit to be approved.*

NUMBER OF DAYS RU WILL BE ON PARCEL: \_\_\_\_\_ DATE RU WILL BE REMOVED: \_\_\_\_\_

I am the owner of record or, hereby certify that I have been authorized by the owner to make this application as his/her authorized agent, and that we agree to conform to all applicable ordinances of South Branch Township. I hereby give permission to both the Zoning Administrator and the Fire Wise Audit Inspector to enter my property for inspections.

Owner: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Fire Wise Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

**Please take note:** The issuance of this zoning permit does not eliminate the need of the property owner to obtain applicable State and/or Local permits before commencing camping. Therefore, it is recommended that the property owner contact State and/or Local agencies (including but not limited to the Michigan DNR/DEQ, Crawford County Building Department, and local health department) to determine whether additional permits are required.

Approved By Zoning Administrator: \_\_\_\_\_, Date: \_\_\_\_\_

**\*\* This permit is valid for 15 days from approval date. \*\***