



5245 N. M-18
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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/Denied by Zoning Office: _____, On Date: _____

**** Associated permit is valid for 15 days from approval/issuance date. ****