

Waiver Permit Number \_\_\_\_\_

OCEOLA TOWNSHIP  
1577 N. Latson Road  
Howell, MI 48843  
(517) 546-3259 Fax: (517) 546-6697  
www.oceolatwp.org

**WAIVER OF LAND USE PERMIT**

Parcel ID # \_\_\_\_\_ Date \_\_\_\_\_

Applicant _____	Property Owner (if different) _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Telephone _____	Telephone _____
Fax _____	Fax _____
Email _____	Email _____

APPLICATION IS SUBMITTED FOR: \_\_\_\_\_

- |               |                        |                            |
|---------------|------------------------|----------------------------|
| _____ GRADING | _____ FINISH BASEMENT  | _____ DRIVEWAY/PARKING LOT |
| _____ GAZEBO  | _____ BASEMENT BATH    | _____ ABOVE GROUND POOL    |
| _____ POND    | _____ BASEMENT KITCHEN | _____ OTHER                |

Additional Description of work to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Owner/contractor certifies that there will be no structural changes made to the existing structure and is aware that any such changes will require a Land Use Permit from Oceola Township and a Building Permit from Livingston County Building Department.*

**WAIVER EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE**

Authorized Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT Applicant Full Name \_\_\_\_\_

Zoning Administrator Authorization \_\_\_\_\_ Date \_\_\_\_\_

Sheree J. Pierce