

Canton Clerk's Office

Charter Township of Canton
Junk Yard Permit Application

Permit Applicant: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Business Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Property Owner: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Manager/Operator of the Junk Yard: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

I hereby certify that the above information is accurate and that the referenced Junk Yard is in compliance with Canton Township Ordinance Chapter 18, Article II

Signature: _____ Date: _____

Application Fee: \$135.00

Building Department: Approve _____ Denied _____ Signature _____

Public Safety: Approve _____ Denied _____ Signature _____

Clerks Signature _____

