

## **CENTER TOWNSHIP**

## **MINERAL EXTRACTION PERMIT APPLICATION**

	FOR OFFICE USE ONLY
Application Number:	
Map Number:	Paid:
Parcel ID:	Received By:
<u> </u>	ATION PROCEDURES AND REQUIREMENTS made in writing, to the Zoning Officer. Such application shall
A. All applicable fees.	
B. Completed and signed application	form containing at least the following information:
1. Date of the application:	
2. Proposed site name:	
3. Site location.(Street address appro	oved by the Township and County 911):
4. Surface owner names(s) and addr	ess(s) of the lease property:
5. Mineral Lessee name and address:	
incorporation, address, officer's nam	ress and if the Operator is a corporation, the state of es and addresses, registered agent and address and perator is a partnership, the names and addresses of the sary):

## MINERAL EXTRACTION PERMIT APPLICATION (continued)

H. Signed Excess Maintenance Agreement and bond. (include with application)