

**CHARTER TOWNSHIP OF GUN PLAIN**  
**ESCROW FEE AFFIDAVIT**

I have read and accept the Charter Township of Gun Plain Zoning Application Fee and Escrow Policy and agree to abide by the same. I understand that the payment of the prescribed application and escrow fees is intended to cover the Township's costs associated with the processing and/or review of my zoning application and should not in any manner be construed as suggesting any particular outcome for the application. I agree that I shall be obligated to pay the fees prescribed under the policy and memorialized herein regardless of whether my application is approved, denied, modified or withdrawn. In addition, I agree the Township shall be permitted to take any legal action to collect its fees and costs and shall be permitted to assess to me all costs and legal fees incurred in the collection process.

I have met with the Zoning Administrator and agree to an initial escrow fee in the amount stated below, as determined by the Zoning Administrator. I understand that the Township may stop processing my application if the escrow account becomes exhausted or the Township's attempt to draw on a line of credit is denied, as provided in the Zoning Application Fee and Escrow Policy. It will be my responsibility to replenish the escrow fee to the amount required by the Township's Zoning Application and Escrow Policy before processing my application resumes.

Date of meeting with Zoning Administrator: \_\_\_\_\_

Initial Escrow Fee: \_\_\_\_\_

(Check one as applicable: Escrow Account \_\_\_\_; or Line of Credit \_\_\_\_)

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Person/Company Responsible for Account (Billing Purposes)**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_