

APPLICATION FOR SPECIAL USE PERMIT

Fee \$ 450 dollars

TOWNSHIP OF GRANT
GRAND TRAVERSE COUNTY, MICHIGAN

Case No. _____ Date: _____ Applicant _____

TO: GRANT TOWNSHIP ZONING BOARD

FROM: Applicants name, address and telephone number: _____

1. Property Description: _____

2. Address: _____

3. Property zoned as: _____

4. Proposed use of property: _____

5. Estimated completion date: _____

SITE PLAN REQUIREMENTS

6. Dimensions: _____

7. Locations of proposed or existing structures on and adjacent to site:
(attach sheet).

8. Proposed streets or roadways, widths, setbacks etc.
(attach sheet)

9. Location of parking spaces.

10. Provisions for water and sewer service _____

11. Any other information not set out above. _____

I affirm that I am the _____ involved
(owner, lessee or other interest)
in the foregoing application and the answers, statements and
information are in all respects true and to the best of
my knowledge correct.

Dated: _____

OFFICIAL ACTION: _____ Date Received _____ Date of Public Hearing _____

_____ Type of Action taken: _____