

Application Fee Paid: _____

Submission Date: _____

Receipt # _____

CONDITIONAL USE PERMIT APPLICATION

All documents must be to the Zoning Administrator 1 week prior to the Township Board Meeting

Name of Applicant: _____ Home Phone # _____

Mailing Address: _____ Bus. Phone # _____

Ownership: Evidence of Ownership *

Address of Property: _____

Present Zoning District: _____

Property # _____ (Tax ID #)

Legal Description (See attachment) _____

Requested Action: _____

***The following must be submitted with this Application:**

- A. Verifications of Legal Description (this will be checked by the Township Assessor's Office)
- B. Scaled Site Plan including all existing and proposed buildings.
- C. Copy of ALL Deeds, Land Contracts, Purchase Agreements and other instruments not recorded (deed holder will be notified of all hearings.)

CONDITIONAL USE PERMIT APPLICATION

ALL APPLICANTS are required to attend all Public Hearings and Meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply and file a new application.

I hereby certify that all information submitted on or with this Application is true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Signature of Deed Holder (IF not Applicant): _____ Date: _____

Mailing Address of Deed Holder: _____

Telephone # _____

Subscribed and sworn to before me: Name of Notary: _____

This _____ of _____ 20____. County: _____

(Signature) My Commission Expires on: _____

Signature of Zoning Administrator: _____ Date: _____

NOTE: Copy of check is need with document