Powell Township
P.O. Box 319
Big Bay, Michigan 49808
906-345-9345

APPLICATION FOR CLASS A NON-CONFORMING USE DESIGNATION

Applicant:_____

Street/box:_____

City:_____

State/Zip:_____

Daytime Phone:_____

For Zoning Administrator Use Only
CUP File #_____
Date _____
Receipt # _____
Hearing Date _____
Tax Code #_____

**See Sections 601 through 604 of the Powel Township Zoning Ordinance.*

COMPLETE LEGAL DESCRIPTION OF SITE T____N, R____W, Section_____

_____

Applicant's Interest in Property _____

Existing Use of Property _____

_____

Date current use was established _____
(List Supporting Documents if Any)

Current Zoning _____

In what way is the property non-conforming? _____

_____

_____

What Alterations or expansions are proposed? _____

_____

_____

SITE PLAN: Please draw to scale! Use reverse or separate sheet. Must comply with Sections 703 or 704.

1) SHOW LOT LINES AND DIMENSIONS
2) SHOW EXISTING AND PROPOSED BUILDINGS – LABEL AND GIVE DIMENSIONS AND IDENTIFY USE OF EACH BUILDING
3) SHOW DISTANCS BETWEEN BUILDINGS AND LOT LINES
4) SHOW RIGHTS-OF-WAY, EASEMENTS AND ACCESS ROADS
5) SHOW NATURAL FEATURES AFFECTING DEVELOPMENT (ROCK, ETC.)
6) SHOW MAN-MADE FEATURES AFFECTING DEVELOPMENT
7) DRAW ARROW POINTING NORTH.

I grant the Zoning Administrator permission to visit and/or photograph the site prior to the hearing

_____ _____

DATE OWNER'S SIGNATURE

(Continued on reverse)

Public Hearing in accordance with Section 1002 held on (Date): _____

Attendance (Number): _____

Comments: _____

_____

_____

_____

_____

_____

_____

CLASS A STATUS GRANTED: _____

CLASS A STATUS DENIED: _____

Remarks: _____

_____

_____

_____

Date: _____

Signature: _____
Chair, Powell Township Planning and Zoning Commission