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

CONDITIONAL USE PERMIT APPLICATION

Applicant:_____

Street/box:_____

City:_____

State/Zip:_____

Daytime Phone:_____

For Zoning Administrator Use Only

CUP File #_____

Date _____

Receipt #_____

Hearing Date _____

Tax Code #_____

COMPLETE LEGAL DESCRIPTION OF SITE T____N, R____W, Section_____

_____

_____

Zoning District _____

_____

Proposed Use (describe in detail) _____

_____

_____

_____

_____

Applicable section(s) of the zoning ordinance _____

_____

_____

INDICATE IN DETAIL HOW STANDARDS WILL BE MET. (Attach another sheet if necessary.) the standards for conditional uses are generally contained within Section 904.

_____

_____

_____

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

_____ _____

DATE SIGNATURE OF PROPERTY OWNER

PLEASE ATTACH A SITE PLAN WHICH COMPLIES WITH SECTIONS 703 OR 704

(Continued on reverse)

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

Attendance (Number): _____

Comments: _____

APPROVED: _____

DENIED: _____

approved with condtions listed _____

Date: _____

Signature: _____
Chair, Powell Township Planning and Zoning Commission