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

MINERAL EXTRACTION 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, SEC._____(Attach additional page if needed)

_____

_____

Zoning District _____

Proposed use (Describe in Detail) _____

_____

_____

_____

INDICATE IN DETAIL HOW STANDARDS WILL BE MET. (Attach another sheet if necessary.) The standards for mineral extraction are contained in Section 414.

_____

_____

_____

PLEASE ATTACH THE FOLLOWING:

____Site plan which complies with section 415A

____Operation Plan which complies with Section 415B

____Reclamation Plan which complies with Section 415C

* *If an Environmental Impact Statement or similar document has been prepared which contains all the information required by Section 415 the document(s) may be submitted in lieu of the above attachments.*

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

_____ _____

DATE SIGNATURE OF PROPERTY OWNER

(continued on reverse)

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

Attendance (Number): _____

Comments: _____

_____

_____

_____

_____

_____

_____

Approved: _____

Denied: _____

Approved with Conditions Listed: _____

_____

_____

_____

Date: _____

Signature: _____
Chair, Powell Township Planning and Zoning Commission