

CRYSTAL FALLS TOWNSHIP
ZONING - SPECIAL USE PERMIT APPLICATION
Application Fee \$300

Parcel Number _____
Date: _____
Name: _____

OFFICE USE ONLY

(applicant --person filing the appeal)

File number _____

(address)

Date Rec'd _____

Fee Rec'd _____

(city, state, zip code)

Receipt # _____

Hearing date _____

(telephone, home and business)

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant)

Phone (_ _ _) _ _ - _ _

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):

Builder Have Option to purchase Agent/other _____

PROPOSED CONSTRUCTION SITE ADDRESS (if known) _____

PARCEL SIZE _____

PROPERTY DESCRIPTION _____

PARCEL NUMBER _ _ - _ _ - _ _ - _ _ - _ _

ZONING DISTRICT (see zoning ordinance) _____

ACTION REQUESTED:

It is requested the Crystal Falls Township Planning Commission approve issuing a special use permit for the land described above for the purpose of: _____

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

State specifically the reason for this special use permit request: _____

(attach sheets if necessary)

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Crystal Falls Township Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of Crystal Falls Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Crystal Falls Township, the County of Iron and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application (not a permit) and that a special land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: _____
Date: _____

When completed send to:
Crystal Falls Township Zoning Administrator
PO Box 329
Crystal Falls, Michigan 49920