

Township of Munising

Date Received_	
Check #	
Payment	

Zoning Administrator

TOWNSHIP OF MUNISING CONDITIONAL USE PERMIT APPLICATION

Please complete the application, include a check in the amount of \$200.00, payable to Munising Township, and mail to the following:

	PO Box 190 Wetmore, MI 49895	(906) 387-4404 muntwpza@jamadots.com
1.	Conditional Use Request	
2.	Zoning District of Property	
3.	Name and Address of Property Owner and Applicant if not	the same
4.	Email Address_	
	Physical Address of Property [if different than above]	
6.	Legal Description of property/lot. Attach a copy of the dee owner(s) purchased the property.	ed showing the date the current

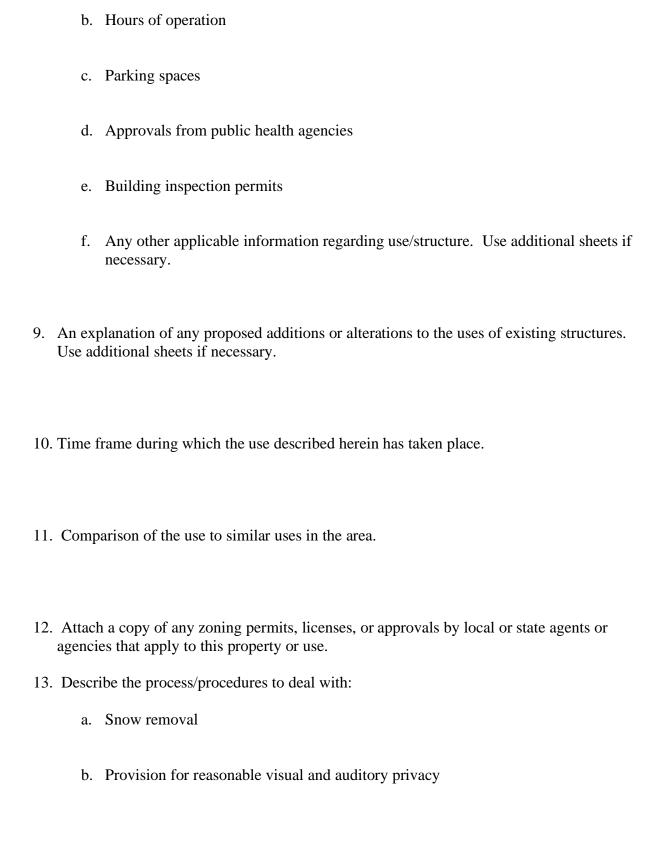
7. Attach a site plan drawn to scale with a north arrow – see regulations Sections 1103 or

8. Describe the proposed/existing use/structure(s). Include all necessary information such

a. Number of occupants per rental period

1104 as applicable.

as:



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Print Owner's Name		
Signature of Owner		Date
By signing and submitting this ap inspect the property at reasonable structures and activities on site re Munising Township Planning Con	times, evaluate the use and lated to this application and	take audio/visual evidence of the any permission issued by the
d. Parking of custome	ers' vehicles and/or trailers.	. Use additional sheets if necessary.
c. Areas for storage of	of trash	

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DO NOT WRITE BELOW THIS LINE

Conditional Use Permit Number (if approved): Conditions: 1. 2. 3.	Conditional Use Permit: APPROVED / DENIED	
 2. 	Conditional Use Permit Number (if approved):	
2.	Conditions:	
	1.	
3.	2.	
	3.	
4.	4.	
5.	5.	
Chair, Munising Township Planning Commission Date	Chair Municing Township Planning Commission	Doto

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