

Date Received_	
Check #	
Payment	

TOWNSHIP OF MUNISING CONDITIONAL USE PERMIT APPLICATION

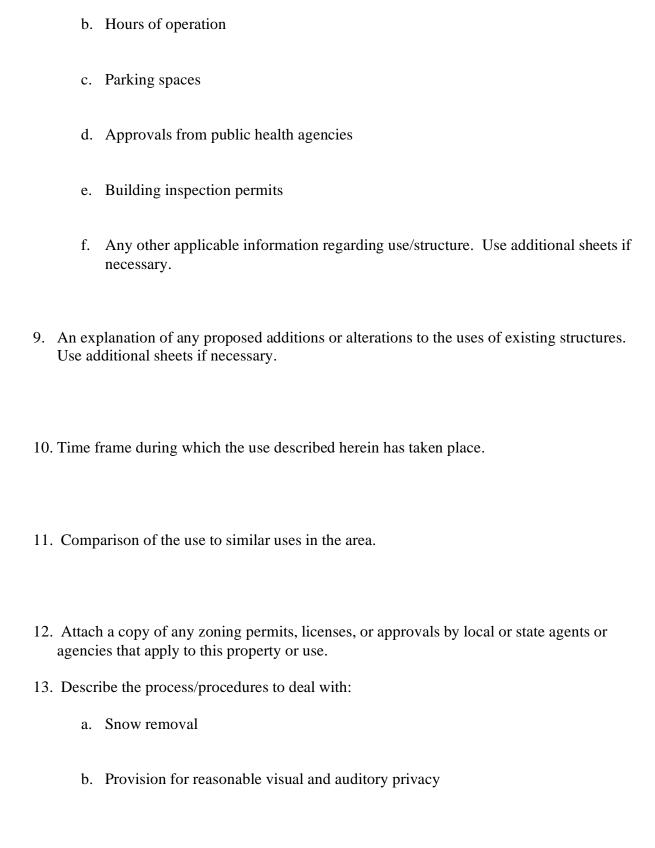
Please complete the application, include a check in the amount of \$200.00, payable to Munising Township, and mail to the following:

Township of Munising PO Box 190

Zoning Administrator (906) 387-4404

Wetmore, MI 49895 muntwpza@gmail.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 5. Physical Address of Property [if different than above] 6. Legal Description of property/lot. Attach a copy of the deed showing the date the current owner(s) purchased the property. 7. Attach a site plan drawn to scale with a north arrow – see regulations Sections 1103 or 1104 as applicable. 8. Describe the proposed/existing use/structure(s). Include all necessary information such as:

a. Number of occupants per rental period



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Print Owne	er's	Name		
Signature of	of C	owner	Ē	Date
inspect the structures a	pro and	d submitting this application you operty at reasonable times, evalu- activities on site related to this a rnship Planning Commission or	ate the use and application and	take audio/visual evidence of the any permission issued by the
	d.	Parking of customers' vehicles	and/or trailers.	Use additional sheets if necessary.
	c.	Areas for storage of trash		

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DO NOT WRITE BELOW THIS LINE

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

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