



Date Received _____
Check # _____
Payment _____

TOWNSHIP OF MUNISING CONDITIONAL USE PERMIT APPLICATION

Please complete the application, include a check in the amount of \$250.00 payable to Munising Township, and mail to the following:

Township of Munising
PO Box 190
Wetmore, MI 49895

Zoning Administrator
(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 _____
 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

- b. Hours of operation
 - c. Parking spaces
 - d. Approvals from public health agencies
 - e. Building inspection permits
 - f. Any other applicable information regarding use/structure. Use additional sheets if necessary.
9. An explanation of any proposed additions or alterations to the uses of existing structures. Use additional sheets if necessary.
10. Time frame during which the use described herein has taken place.
11. Comparison of the use to similar uses in the area.
12. Attach a copy of any zoning permits, licenses, or approvals by local or state agents or agencies that apply to this property or use.
13. Describe the process/procedures to deal with:
- a. Snow removal
 - b. Provision for reasonable visual and auditory privacy

c. Areas for storage of trash

d. Parking of customers' vehicles and/or trailers. Use additional sheets if necessary.

By signing and submitting this application you are authorizing the Zoning Administrator to inspect the property at reasonable times, evaluate the use and take audio/visual evidence of the structures and activities on site related to this application and any permission issued by the Munising Township Planning Commission or Zoning Administrator.

Signature of Owner

Date

Print Owner's Name

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