



APPLICATION FOR SPECIAL LAND USE

Special Land Use Permit Applications are \$500.00 each

A COMPLETE PLAN CONTAINING ALL OF THE APPLICABLE DATA OUTLINED IN ARTICLE 18 SECTION 24 OF THE KEWEENAW COUNTY ZONING ORDINANCE MUST ACCOMPANY THIS APPLICATION

ALL INFORMATION REQUIRED

Date		Parcel ID Number	
Property Owner(s) Name		Applicant(s) Name	
Mailing Address		Mailing Address	
Day Phone	Evening Phone	Day Phone	Evening Phone

THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S) OR THE OWNER MAY PROVIDE A LETTER AUTHORIZING THE APPLICANT TO ACT ON THEIR BEHALF.

Special Land Use Requested		Property Address:		Total Acres
Proposed Zoning of Property	Location of Property: Between	Side of	and	Road. Roads
Master Plan designation of property:				
Zoning of surrounding parcels:	North:	South:	East:	West:
List below or attach legal description of property.				
List below or attach all deed restrictions.				
Briefly describe the proposed land use and attach a written narrative addressing the "standards for approval" pursuant to <u>Article 10</u> of the Keweenaw County Zoning Ordinance				

I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above-described property for the purpose of gathering information related to this application

Owners Signature:	Date:
Applicants Signature:	Date:

**COMPLETED APPLICATION WITH SUPPORTING DOCUMENTS AND FEE MUST BE RETURNED TO:
 KEWEENAW COUNTY ZONING ADMINISTRATOR
 5095 4TH STREET, EAGLE RIVER, MI 49950
 PHONE: 906-337-3481 FAX: 906-337-2253
 EMAIL: planning@keweenawcountymi.gov**

APPLICATION FOR SPECIAL LAND USE CONTINUED

DO NOT WRITE BELOW THIS LINE KEWEENAW COUNTY USE ONLY

Date Received	Application Fee	Receipt Number
Publication Date	Date Notices Mailed	Public Hearing Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved with Conditions listed below