

APPLICATION FOR SPECIAL LAND USE PERMIT

Crystal Falls Township
P.O. Box 329, 1384 West US-2
Crystal Falls, MI 49920
Phone 906-875-3062 Fax 906-875-3333

Date: _____

To the Crystal Falls Township Zoning Administrator, application is hereby made by:

_____, owner of the following described premises to establish a Special Land Use pursuant to the Crystal Falls Township Zoning Ordinance.

Address and legal description of the Property: _____

Zoning District: _____

Describe Conditional Use Desired: _____

Owner's Signature: _____ Phone _____

Address: _____

Note: \$300 application fee for Special Land Use Permit must accompany this request.

For Office Use Only

Date: _____ Fee: _____ Paid: _____ Check No: _____

Hearing Date: _____ Approved: _____
Denied: _____

Signed: _____
Crystal Falls Township Zoning Administrator