

TOWNSHIP OF HILLSDALE
HILLSDALE COUNTY, MICHIGAN
P.O. BOX 181
HILLSDALE, MICHIGAN 49242

APPLICATION FOR SPECIAL USE PERMIT

Please print or type:

1. Name: _____ Phone: _____

2. Address: _____

3. The applicant(s) is/are: () owner(s) of the property involved
() acting on behalf of the owner(s) of the property

3. Address of the property involved: _____

4. Legal description: (copy may be attached) _____

5. The above property is presently zoned: _____

6. The proposed use(s) and nature(s) of operation is/are: _____

NOTE: Attach an accurate survey drawing of said property showing existing and proposed buildings and structures, the types thereof and their uses. A completed copy of the Application for Special Use Permit shall be forwarded to the Zoning Inspector/Township Supervisor after Planning Commission action.

I/We _____ do hereby swear that the above information is true and correct to the best of my/our knowledge.

Date: _____

Applicant(s):

signature

Fee received: \$ 125.00

signature

Date: _____

Township Clerk:

Special Use Permit:

The Hillsdale Township Planning Commission, having reviewed the particular circumstances of the above proposed use(s), does hereby:

() GRANT a Special Use Permit and impose the following conditions: _____

() REFUSE a Special Use Permit for the following reasons: _____

Planning Commission Chair: _____
Date: _____

Zoning Inspector/Supervisor: _____ Date:

THIS FORM MUST BE RETURNED TO THE TOWNSHIP CLERK
