



Total Fee: <u> \$250.00 </u>
Make check Payable to: Au Train Township
Date Received: _____
File No: _____ - _____

Au Train Township Planning and Zoning Department
PO Box 33, Au Train MI 49806-0033
Zoning Administrator: Donna Shields (906) 450-1182
email: autrainzoning@gmail.com

www.autraintownship.org

AU TRAIN TOWNSHIP CONDITIONAL USE PERMIT APPLICATION

(Please print or type and attach additional pages if necessary). This application will not be accepted if incomplete.

1. Applicant/Owner: _____

Owner (if not applicant): _____

Street/Box: _____

City, State & Zip Code: _____

Phone: _____

Email: _____

(A copy of this application’s approval or denial will be emailed to the applicant, unless a mailed copy is specifically requested).

2. The applicant hereby applies for a Conditional Use Permit for the property located at:

Address: _____

Complete Legal Description of Site T____ N, R____ W, Section____ Zoning District: _____

Current Use: _____ Property Tax ID# _____

Proposed Use (Describe in Detail - Refer to ARTICLE VIII): Include the following applicable information: a. Number of occupants per rental period; b. Hours of operation; c. Parking spaces d. Approvals from public health agencies; e. Building permits; f. Any other applicable information regarding use/structure. Attach additional sheets if necessary.

SITE PLAN

All applications for Conditional Use Permits shall be accompanied by a blueprint or detailed sketch showing all property lines, locations of all buildings and the location and type of sewage disposal system and water supply facilities (existing or proposed). All sketches shall be drawn to scale. Please draw your sketch in the designated area below. If there is not enough room, attach a sketch drawn on a separate piece of paper to this form. (Please refer to ARTICLE X - SITE PLAN REVIEW - Section 1002 through 1006)



Indicate North

IMPORTANT Please note comparison of the proposed use to similar uses in the area. (Attached additional sheets if necessary). _____

A \$250.00 FEE IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION. MAKE CHECK PAYABLE TO AU TRAIN TOWNSHIP.

RETURN TO: Au Train Township, PO Box 33, Au Train, MI. 49806-0033 or place in the DropBox at the Au Train Township Clerk/Treasurer Office, N7569 Spruce St., Au Train MI 49806.

The undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is true and correct. By signing and submitting this application you hereby grant permission for the members of the Township Planning Commission and 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 permissions issued by the Au Train Township Planning Commission or Zoning Administrator.

Signature of Applicant/Owner: _____ Date: _____

Signature of Owner (if not Applicant) _____ Date: _____

PLANNING COMMISSION ACTION:

Hearing Date: _____

Approved: _____

Denied: _____

Approved with conditions (List):

Conditional Sign Requirements for Conditional Use (Indicate, if applicable): _____

DATE: _____

Signature, Chair, Au Train Township Planning Commission

FOR ZONING ADMINISTRATOR USE ONLY

File#: _____ - _____

Date: _____

Zoning District: _____

Applicable Sections of the Zoning Ordinance: _____

Receipt #: _____

Hearing Date: _____

Fee Paid: _____

Date: _____

Signature, Zoning Administrator