

**LAGRANGE TOWNSHIP  
APPLICATION FOR A SPECIAL USE PERMIT**

In accordance with Section 21 of the LaGrange Township Zoning Ordinance, this application is a request for a Special Use Permit for property located at:

ADDRESS OF PROPERTY: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

TAX PARCEL NUMBER: \_\_\_\_\_

**APPLICANT:** (If the applicant is not the owner, the applicant must also show document of the right to apply. If the applicant is a business, please give the business name and a contact person.)

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**INTEREST IN PROPERTY:**

Owner     Representing Owner     Option to Buy     Lessee     Other (specify) \_\_\_\_\_

**SITE STATISTICS:**

Zoning of Property: \_\_\_\_\_  
Lot Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.  
Lot Area: \_\_\_\_\_ Acres \_\_\_\_\_ sq. ft.  
Public or Private Street Frontage: \_\_\_\_\_ ft.

Current Use: \_\_\_\_\_  
Non-Conforming Use?  Yes  No  
Located in flood plain?  Yes  No

**Describe in detail your proposal for the property (Use a separate page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the property is currently developed, describe the nature of the use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Non-Residential Characteristics:**

Number of Employees: \_\_\_\_\_  
Number of off street parking spaces: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Days of Operation: \_\_\_\_\_

**Proposed Residential Characteristics:**

Number of single-family units: \_\_\_\_\_  
Number of multi-family units: \_\_\_\_\_  
Type of units: \_\_\_\_\_ Eff. \_\_\_\_\_ 2 br. \_\_\_\_\_ 3 br.  
Number of off street parking spaces: \_\_\_\_\_

**Is the request in conformance with the general standards set forth in Section 21 *Special Use Permits* of the Zoning Ordinance:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*The applicant shall also provide any other information that is available or requested.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed name of Applicant**

\_\_\_\_\_  
**Date**

**The foregoing information shall be filed with the LaGrange Township Zoning Administrator. For further assistance, please contact:**

**Zoning Administrator**  
Tex Sheteron  
502 Sherman Ln.  
Cassopolis, MI 496031  
(269) 445-3988

**For Zoning Administrator Use Only**

Date Filed:

Check #:

Date Filed:

Amount:

**NOTES:**