

CLINTON TOWNSHIP
Lenawee County, 172 Michigan Ave.
P.O. Box G
Clinton, Michigan 49236 517-456-4837



CONDITIONAL USE PERMIT APPLICATION

THIS SECTION FOR OFFICE USE ONLY		
Application No. _____ - _____	Date: ____/____/20__	
FEE: \$ _____	Ck# _____	MON DAY YEAR Receipt No. _____

Address of Property Involved: _____

Tax / Parcel Number: CL ___ - _____ - _____

Property Zone:

- | | | |
|-------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Suburban Residential | <input type="checkbox"/> Multi-Family Residential |
| <input type="checkbox"/> Lake Residential | <input type="checkbox"/> Mobile Home Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Industrial | | |

Proposed Conditional Use: _____

NOTE: THE PROPOSED CONDITIONAL USE **MUST** BE LISTED FOR THE **ZONING DISTRICT** IN WHICH THE PROPERTY IS LOCATED.

Owner(s) Name(s): _____

Owner's Address: _____

Owner's Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

This application for a **Conditional Use Permit** **MUST** be accompanied by the following:

1. A statement that the applicant is the owner involved or is acting on the owner's behalf
2. An accurate survey drawing (site plan) of said property showing ALL existing and proposed structures thereon, and their uses.

PLEASE ATTACH ALL SITE PLANS, STATEMENT(S) OF SUPPORTING DATA, EXHIBITS, INFORMATION, EVIDENCE, LETTERS OR OTHER PERTINENT DOCUMENTS TO THIS APPLICATION.

I have received and read Article V. Sections 5.5 through 5.5.8 of Clinton Township's Zoning Ordinance.

Applicant's Signature: _____

Planning Commission Review

Date: ____/____/20__
MON DAY YEAR

The Commission, having reviewed the submitted data, do hereby recommend that this application be:

- Approved
 Denied – see attached meeting minutes.

Commission Secretary's Signature: _____ Date: ____/____/20__
MON DAY YEAR

Township Board Review

The **Board**, having reviewed the submitted data and the Planning Commission's recommendation do hereby Recommend that this application be:

- Approved
 Denied – see attached meeting minutes.

Township Clerk's Signature: _____ Date: ____/____/20__
MON DAY YEAR