

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



**CONDITIONAL USE PERMIT APPLICATION**

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

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**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

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**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