

**MANISTEE TOWNSHIP ZONING COMMISSION APPLICATION FOR
LAND USE PERMIT**

LAND USE PERMIT: _____ SPECIAL USE PERMIT: _____

APPLICANT: _____ FEE: _____ PHONE: _____

DATE: _____ SECTION: _____ ZONING DISTRICT: _____

PARCEL ADDRESS: _____

LEGAL DESCRIPTION OF LOCATION: _____

PROPOSED BUILDING/LAND USE: _____

AREA OF LOT: _____ AREA OF BUILDING: _____

SIZE OF LOT: _____ SIZE OF BLDG.: _____ EST. COST: _____

HEIGHT OF BUILDING: _____ HEIGHT OF SIDE WALLS: _____

STARTING DATE: _____ COMPLETION DATE: _____

SET BACKS FRONT: _____ BACK: _____ SIDE: _____ WATERS EDGE: _____

SPECIAL CONSIDERATIONS: _____

I hereby certify that all uses for which this application is made, will comply and conform to the requirements of the Manistee Township Zoning Ordinance.

SIGNED: _____
Applicant Date

Land Use Permits expire twelve (12) months from date of issuance unless said land use or construction has been diligently pursued for thirty (30) days prior to above expiration date.

() APPROVED () NOT APPROVED SIGNED: _____
Zoning Administrator Date

APPEAL REQUEST

I wish to make an appeal under Article 17 of the Manistee Township Zoning Ordinance, Manistee Township, Manistee County, Michigan

APPEAL BOARD FEE: _____ SIGNED: _____
Applicant Date

PAID _____

() APPROVED () NOT APPROVED SIGNED: _____
Appeal Board

SIGNED: _____
Chairman, Zoning Board of Appeals Date