

NEW BUFFALO TOWNSHIP

17425 Red Arrow Hwy
New Buffalo, Michigan 49117
(269) 469-1011 Fax (269) 469-6711

For Office Use Only

Fee _____

Receipt No. _____

Date Rec. _____

Hearing Date _____

Township Board Action: _____

_____ Date:

Tax Code: _____

APPLICATION FOR SPECIAL LAND USE PERMIT

IDENTIFICATION

APPLICANT:

Name _____ Telephone _____

Address _____ City/State/Zip _____

Please Note: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets _____.

1. PROPERTY INFORMATION

A. Legal description of property: _____

B. Address of Property: _____

C. Describe adjacent property uses: _____

2. ACTION REQUESTED

It is hereby requested that the New Buffalo Township Board approve the issuance of a Special Land Use Permit for the property described above which is located in zoning district

For the purpose of (state proposed use of property) _____

A previous application for a variance, special land use permit or rezoning on this land has/has not (choose one) been made with respect to these premises in the last year. If a previous appeal, rezoning or special land use permit application was made, state the date, nature of action requested and the decision:

Date: _____ Action Requested: _____

Decision (approved/denied) _____

3. AFFIDAVIT

The undersigned affirms that he/she or we, is/are the (specify owner, lessee, or other type of interest) _____

involved in the application; and that if the request is granted, the actual construction will be done so in accordance with Chapter 15 Special Land Uses of the New Buffalo Township Zoning Ordinance. The applicant(s) agree to allow New Buffalo Township Officials, individually, access to the property for which this application is made for the purpose of viewing the site. The answers and statements herein contained and the information herewith submitted are in all aspects true and correct to the best of my/our knowledge and belief.

Applicant Signature(s) _____

Date

Owner Signature(s) _____

Date