

APPLICATION NO. _____

**CONWAY TOWNSHIP, LIVINGSTON COUNTY MICHIGAN
APPLICATION FOR SPECIAL USE PERMIT**

PLEASE PRINT OR TYPE (use back of application if more space is needed)

1. Business Name(for Township use only): _____

Applicants Name: _____

SPECIAL USE PERMIT NON TRANSFERABLE

Address: _____

Phone: _____

Email: _____

2. The applicant(s) is/are: () the owner/s of the property involved.

() acting on behalf of the owner/s of the property involved.

3. Address of property involved: _____

4. Legal description: _____

5. Property ID #: _____

6. The above property is presently zoned: _____

7. The proposed use/s and nature/s of operations is/are: _____

NOTE: Attach an accurate survey drawing of said property showing existing and proposed buildings and structures, the types thereof and their uses.

I/WE _____ do hereby swear that the above information is true and correct to the best of my/our knowledge.

Date: _____ Applicants: x _____

Fee received: _____ Signature

X _____

Signature

Date: _____ Township Zoning Administrator X _____

Signature

Notice of Public Hearing was published on _____ & _____

Name of Newspaper _____

Public Hearing was held on _____

SPECIAL USE PERMIT

The Planning Commission of Conway Township having reviewed the particular circumstances of the above proposed uses/s does hear by:

() Approve a special use permit and imposed the following conditions: _____

() Deny a special use permit for the following reasons: _____

Date: _____ P.C. Chair: _____

Signature

P.C. Secretary: _____

Signature

One (1) copy retained by the Clerk, the Zoning Administrator and the Applicant