

Conway Township

8015 N. Fowlerville Road
PO Box 1157
Fowlerville MI 48836



Phone 517-223-0358

Fax 517-223-0533

zoningadmin@conwayMI.gov

Temporary Land Use Permit

Date:	Parcel Number(s):
Applicant Name:	
Address:	Zip Code:
Phone:	Fax:
Email:	
Property Owner Name (provide proof of ownership):	
Address:	Zip Code:
Phone:	Fax:
Email:	
Written Statement describing need and temporary use:	
Applicant's Signature:	
Property Owner's Signature:	Date:
By signature above, consent is given to Township to conduct inspections of the property relative to the current request and future compliance with any permits issued.	
PORTION BELOW IS TO BE COMPLETED BY TOWNSHIP:	
Permit Issued: Yes / No	Permit No.
Reason for Denial:	
Conditions of Approval:	
Permit Expiration Date:	
Zoning Admin Signature:	Date

Administration fee: Residential \$250 plus \$500 escrow Commercial \$1500 plus \$5000 escrow