**Village of Vanderbilt**

**Zoning Department**

**Phone: 989.983.4244 \* FAX 989.983.4416 www.vanderbiltvillage.com**



# APPLICATION FOR SPECIAL USE PERMIT

|  |  |
| --- | --- |
| Date:  | Parcel Number: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_  |

**PROPERTY LOCATION: *(REQUIRED)***

|  |  |  |  |
| --- | --- | --- | --- |
| Address:  |  | City:  | Zip Code:  |
| Township:  | Zoning District:  | Section:  | T \_\_\_\_\_N**/**R \_\_\_\_\_W  |

**APPLICANT:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name:  |  |  |  |  |  | Owner/Agent/Other Interest *(circle one)*  |
| Address:  |  |  | City:  |  |  | State:  | Zip Code:  |
| Phone: (  |  )  |  **-**  | Fax: (  |  )  |  **-**  |  |

**PROPERTY OWNER:** *(If different from Applicant)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Phone : (  |  ) **-**  |
| Address:  | City:  | State:  | Zip Code:  |

**DESCRIPTION OF PROJECT AND PROPOSED USE:**

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF APPLICANT:**  |  |  **DATE:**  |

\*\*\*By signing this application, you attest to the following:

 I attest that all information submitted in this application to be true; if not, application may be revoked I agree to comply with zoning requirements and any conditions placed on this permit

 Permission is granted to any official of the municipality, county and/or state to enter the property for purpose of gathering information concerning this application and/or inspections.

\*All information received by this department is subject to the Freedom of Information Act. Under this Act, persons are allowed to request copies of said information including but not limited to all copies of drawing and blueprints.

## \*\*\*OFFICE USE ONLY\*\*\*



|  |  |  |
| --- | --- | --- |
| Date Application Received:  | Permit Number:  |  |
| Date Application Complete:  | Fee:  | Receipt Number:  |

### See Zoning Ordinance for additional information and procedure