Total Fee:	\$250.00			
Make check Payable to:				
Au Train Township				
Date Receiv	/ed:			
File No: -	-			

Au Train Township Planning and Zoning Department

PO Box 33, Au Train MI 49806-0033 www.autraintownship.org

Zoning Administrator: Kathleen Lindquist Phone: (906)458-8316 email: autrainzoning@gmail.com

(Please print or type and attach additional pages if necessary). This application will not be accepted if incomplete.

1. Applicant/Owner		
Owner (if not applicant)		
Street/Box		
City, State & Zip Code		
Phone		
Email(A copy of this application's approval	or denial will be emailed to the applicant	, unless a mailed copy is specifically requested).
2. The applicant hereby applies for a C	Conditional Use Permit for the property lo	cated at:
Address:		
		Zoning District:
Current Use:		ID# <u>001-</u>
rental period; b. Hours of operation; c.	,	applicable information: a. Number of occupants p health agencies; e. Building permits; f. Any other essary.
		·

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All applications for Conditional Use Permits shall be accompanied by a blueprint or detailed sketch showing all property lines, locations of all buildings and the location and type of sewage disposal system and water supply facilities (existing or proposed). All sketches shall be drawn to scale. Please draw your sketch in the designated area below. If there is not enough room, attach a sketch drawn on a

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IMPORTANT Please note comparison of the proposed use to similar	uses in the area. (Attached additional sheets if necessary).
A <u>\$250.00</u> FEE IS REQUIRED AND MUST ACCOMPANY THIS APPLICATIO	N. MAKE CHECK PAYABLE TO <u>AU TRAIN TOWNSHIP.</u>
RETURN TO: Au Train Township, PO Box 33, Au Train, MI. 49806-0033 Clerk/Treasurer Office, N7569 Spruce St., Au Train MI 49806.	3 or place in the DropBox at the Au Train Township
The undersigned applicant hereby swears that the information conta supplemental information is true and correct. By signing and submitt to inspect the property at reasonable times, evaluate the use and ta related to this application and any permission issued by the Au Train To	ing this application you are authorizing the Zoning Administrato ske audio/visual evidence of the structures and activities on site
Signature of Applicant/Owner:	Date:
Signature of Owner (if not Applicant)	Date:
PLANNING COMMISSION ACTION:	
Hearing Date:	
Approved	
Denied	
Approved with conditions (List)	
Conditional Sign Requirements for Conditional Use (Indicate, if applical	

Date

FOR ZONING ADMINISTRATOR USE ONLY

File#		
Applicable Sections	of the Zoning Ordinance	
Receipt #		
Hearing Date		
5 0 11		
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D-+-	Cinneture 7 rains Administra	 _
Date	Signature, Zoning Administrator	

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