

CITY OF POTTERVILLE

319 N. NELSON ST. · POTTERVILLE MI 48876
PH: 517-645-7641 FAX 517-645-7810

Permit#: _____
Date: _____
Fee: _____

Application for Special Land Use Permit

Name: _____ Phone: _____

Address: _____

Property description: _____

Property Address: _____

Zone: _____ Parcel #: 700- _____ - _____ - _____ - _____

Type of Business for Special Land Use: _____

Activities of the Special Land Use Business: _____

Current uses of this parcel that will continue: _____

Estimated completion of construction or alteration, if applicable: _____

Have you provided site plans consistent with the Zoning Ordinance Requirements? Yes No

Have you provided a statement supporting the objectives set in Section 20.03? Yes No

I hereby affirm that I am the Owner Lessee Other submitting this Special Land Use Application and that all answers, statements, information and plans accompanying this request are true to the best of my knowledge and belief.

Signature

Date

Submit application to the Potterville City Clerk with appropriate application fee and 18 copies of plan map. Use additional sheets for answers which cannot be completed in the space provided.

Office Use Only

Zoning Administrator Decision: Valid use Invalid Use

Zoning Administrator Signature: _____

Public Hearing Date: _____

City Clerk File Date: _____

City Clerk Notice to Appropriate Agencies: _____

City Clerk forward to Planning Commission: _____

Planning Commission Action:

Application Submitted On: _____

Application Reviewed On: _____

Application (Circle One): Approved Denied

Authorized Planning Commission Signature: _____