



**TSEGO
TOWNSHIP**
EST 1833

Application For Special Use Permit

P.C. Case Number
Date
Parcel I.D. Number

Property Owner(s) Name	Applicant(s) Name
Mailing Address	Mailing Address
City, State, ZIP	City, State, ZIP
Phone	Phone

A complete site plan containing all of the applicable data outlined in Article 18 Special Use Requirements needed in Special Use Permit of the Otsego Township Zoning Ordinance must accompany this application.

Special Land Use Being Requested	Location of Property
Current Zoning of Property	Address _____
Master Plan Designation	N S E W Side of _____ Road
Zoning of Surrounding Parcels North: _____ South: _____ East: _____ West: _____	between _____ & _____ Roads
	Total Acreage of Existing Site _____

Insert below (or attach) accurate legal description of property:

Briefly describe the proposed land use:

Submit to scale drawing of the property showing boundaries and location of the Special Use:

This application must be signed by the property owner(s). In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner.

I, the Land owner / Property owner, hereby give the Township Officials permission to access property regarding this application for the purpose of inspection as needed for the sole purpose of this application.

Owner(s) Signature	Date
Applicant(s) Signature (if other than owner)	Date

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Application Fee	Date Received and by	Receipt Number
Date Notices Mailed	Public Hearing Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Conditions (list below or attach): _____ Date _____		
Signature Zoning Administrator		Date