

**Au Train Township Zoning Department**

PO Box 33

Au Train MI 49806

Jennifer Wagener, Zoning Administrator

Phone: (906) 892-8265 or (906) 202-1922

email: [autrainzoing@gmail.com](mailto:autrainzoing@gmail.com)

**AU TRAIN TOWNSHIP CONDITIONAL USE PERMIT APPLICATION**

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

1. Applicant \_\_\_\_\_

Street/Box \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

2. The applicant hereby applies for a Conditional Use Permit for the property located at:

\_\_\_\_\_

**The following information will be found on your tax bill.**

Complete Legal Description of Site T \_\_\_\_\_ N, R \_\_\_\_\_ W, Section \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Tax# \_\_\_\_\_

Proposed Use (Describe in Detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued on Next Page)

**All applications for Conditional Use Permits shall be accompanied by a blue print or 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 separate piece of paper to this form.**

**A \$175.00 FEE IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION. MAKE CHECK PAYABLE TO AU TRAIN TOWNSHIP.**

**RETURN TO:** AuTrain Township  
Zoning Department  
PO Box 33  
Au Train, MI. 49806-0033

The undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANNING COMMISSION ACTION:**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Approved with conditions (List) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conditional Sign Requirements for Conditional Use (Indicate) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
Signature  
Chair, Au Train Township Zoning Board

**FOR ZONING ADMINISTRATOR USE ONLY**

File# \_\_\_\_\_

Date \_\_\_\_\_

Zoning District \_\_\_\_\_

Applicable Sections of the Zoning Ordinance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receipt # \_\_\_\_\_

Hearing Date \_\_\_\_\_

Fee Paid \_\_\_\_\_