

Au Train Township
Planning and Zoning Department
PO Box 33
Au Train MI 49806-0033
Phone: (906)892-8265

www.autraintownship.org

Zoning Administrator: Jason McCarthy (906)399-1808 autrainzoning@gmail.com

Total Fee - \$175.00
Payable to:
Au Train Township

Receipt# _____

Date Pd. _____

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) _____

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 _____