

CITY OF MANISTIQUE
CONDITIONAL USE PERMIT APPLICATION

Applicant _____
Street/Box _____
City _____
State/Zip _____
Daytime Phone _____

FOR ZONING ADMINISTRATOR USE ONLY
CUP FILE : _____
DATE _____
RECEIPT : _____
HEARING DATE _____
TAX CODE : _____

Complete Legal Description of Site T ___ N, R ___ W, Section ___

Street Address of Site: _____

Zoning District _____

Proposed Use (Describe in Detail) _____

Applicable Section(s) of the Zoning Ordinance _____

Indicate in Detail How Standards Will Be Met. *(Attach another sheet if necessary.) The standards for conditional uses are generally contained within the district descriptions (Sections 309 to 311).*

PLEASE ATTACH A SITE PLAN WHICH COMPLIES WITH SECTIONS 503 or 504. Please draw to scale! Use reverse or separate sheet.

I grant the Zoning Administrator permission to visit and/or photograph the site prior to the hearing.

Date

Owner's Signature

(Continued on Reverse)