



# APPLICATION FOR SPECIAL LAND USE

5095 4<sup>th</sup> Street • Eagle River, MI 49950 • (906) 337-3471 • FAX (906) 337-2795

Fee \$250.00

|      |                  |
|------|------------------|
| Date | Parcel ID Number |
|------|------------------|

**ALL INFORMATION IS REQUIRED**

|                        |               |          |                   |               |          |
|------------------------|---------------|----------|-------------------|---------------|----------|
| Property Owner(s) Name |               |          | Applicant(s) Name |               |          |
| Mailing Address        |               |          | Mailing Address   |               |          |
| City                   | State         | Zip code | City              | State         | Zip code |
| Day Phone              | Evening Phone |          | Day Phone         | Evening Phone |          |

**THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S) OR THE OWNER MAY PROVIDE A LETTER AUTHORIZING THE APPLICANT TO ACT ON THEIR BEHALF.**

|                                     |   |                         |
|-------------------------------------|---|-------------------------|
| Special Land Use Being Requested    | Property Address                                | Total Existing Acreage  |
| Proposed Zoning of Property         | Location of Property: _____ side of _____ Road. |                         |
| Master Plan Designation of Property | Between _____ and _____ Roads.                  |                         |
| Zoning of Surrounding Parcels       |   |                         |
| North: _____                        | South: _____                                    | East: _____ West: _____ |

List below or attach legal description of property.

  
  
  

List below or attach all deed restrictions.

  
  
  

Briefly describe the proposed land use and attach a written narrative addressing the "standards for approval" pursuant to Article 10 of the Keweenaw County Zoning Ordinance.

  
  
  
  
  

**A COMPLETE SITE PLAN CONTAINING ALL OF THE APPLICABLE DATA OUTLINED IN ARTICLE 18 Part IV and in particular those of SECTIONS 18.8.3 and 18.25 OF THE KEWEENAW COUNTY ZONING ORDINANCE MUST ACCOMPANY THIS APPLICATION.**

|   |  |
|---|--|
| Owner(s) Signature:                           | <i>I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above described property for the purpose of gathering information related to this application.</i> |
| Applicant(s) Signature (if other than owner): |  |
| Signature and Date:                           |  |

**DO NOT WRITE BELOW THIS LINE – KEWEENAW COUNTY USE ONLY**

|  |                     |                     |  |
|--|---------------------|---------------------|--|
| Date Received  | Application Fee     | Receipt Number      |  |
| Publication Date   | Date Notices Mailed | Public Hearing Date |  |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS (List or attach) |                     |                     |  |
| CONDITIONS:  |                     |                     |  |