

BENONA TOWNSHIP

CONDITIONAL USE PERMIT APPLICATION

(Property Owner)

(Mailing Address)

(City, State, Zip Code)

(Telephone)

(E-mail)

(Applicant Name & Contact information – if other than the Owner)

OFFICE USE ONLY

Date Rec'd: _____

Zoning:

Residential: ☐ Ag: ☐Coastal Zone: ☐ Commercial: ☐

Fee Rec'd: _____

Receipt #: _____

COPIES: ASSESSOR - OWNER

PROPERTY ADDRESS _____

PARCEL NUMBER 64 – 011 - ____ - ____ - ____ *Or attach a legal description*

NATURE OF CONDITIONAL USE REQUEST: Activity proposed – Attach additional sheets if necessary.

PLEASE ATTACH THE FOLLOWING INFORMATION:

(SEVEN Copies for distribution to PC Board members and Zoning Administrator)

1. SITE PLAN:
 - A. ALL PROPERTY BOUNDARIES
 - B. THE LOCATION OF EXISTING STRUCTURES NOTE PROPOSED NEW STRUCTURES IF ANY. (SEPARATE ZONING APPLICATION FOR NEW CONSTRUCTION WILL BE NEEDED)
 - C. STRUCTURAL SETBACKS TO PRESENT PROPERTY LINES
 - D. LOCATION OF EXISTING PARKING AND/OR PROPOSED PARKING
2. CURRENT ZONING CLASSIFICATION: _____
3. EMPLOYEES: _____
(NOTE: A HOME OCCUPATION DOES NOT PERMIT EMPLOYEES OTHER THAN IMMEDIATE FAMILY MEMBERS AT RESIDENCE.)

Applicant's Signature: _____ Date: _____

Fee: \$250 (Checks made out to Benona Township: To cover permit processing including: Publication of notice, postage for mailing of notification to neighbor's parcels within three hundred feet of proposed activity)

When completed send application & fee to:

Sara Bizon, Zoning Administrator, Benona Township

7169 W. Baker Rd., Shelby, MI 49455

Questions: Phone: (231) 861-2154 Ext. 3: E-mail: benonazoning@gmail.com

OFFICE USE ONLY

APPROVED BY THE PLANNING COMMISSION: YES _____ NO _____ DATE: _____

REVIEWED BY ZONING ADMINISTRATOR: _____ DATE: _____

CONDITIONS / COMMENTS:
