

CITY OF MUNISING
CONDITIONAL USE PERMIT APPLICATION

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

For Zoning Administrator Use Only	
File #	_____
Date	_____
Receipt #	_____
Hearing Date	_____
Tax Code #	_____
Fee Paid	_____

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

Zoning District _____

A condominium will be placed on the property? yes no

Proposed Use (Describe in Detail) _____

Applicable Sections of the Zoning Ordinance: _____

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

Date Signature of Property Owner

Please attach a Site Plan which complies with Section 604 or 605.