



CITY OF MUNISING
301 E. Superior Street
Munising, MI 49862
(906)387-2095
www.cityofmunising.org

APPLICATION FOR CONDITIONAL LAND USE

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Telephone: _____ E-mail: _____

Are you the owner of record for the property of the requested conditional land use? _____ YES _NO

If you are NOT the owner of record for the property of the requested rezoning, please complete the below section PROPERTY OWNER INFORMATION.

PROPERTY OWNER INFORMATION

Name of Property Owner: _____

Address: _____

Telephone: _____ E-mail: _____

LOCATION OF PROPERTY FOR WHICH THIS CONDITIONAL LAND USE IS REQUESTED

Property Address: _____

Cross Streets: _____ and _____

Parcel ID Number: _____ Lot Size (in acres): _____

Lot Width: _____ Lot Depth: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

Zoning District of Adjacent Properties to the: North _____ South _____ East _____ West _____

In the area provided or on a separate sheet, please give a detailed description of the proposed land use:

In the area provided or (on a separate sheet), explain how the requested Conditional Land Use meets the required standards as detailed in the City of Munising Zoning Ordinance.

List the standard(s) and how the use or plans meet these standard(s):

OTHER REQUIRED INFORMATION

- 1) The names and address of all record owners AND proof of ownership (i.e. a deed). Deeds can be obtained from Alger County.
- 2) If applicant is not the owner of the property, the City requires a letter from the owner of record authorizing the applicant to make this application.
- 3) Legal description of property in question.
- 4) A scaled and accurate survey drawing correlated with a legal description showing all existing buildings, drives, and other improvements. Include 15 copies of a parcel map drawn at a scale of not less than 1" = 200' if the parcel is under three acres and 1" = 100' if the parcel is three acres or more.
- 5) A site plan, if requested by the Planning Commission. (Requirements are detailed in Section 506).

PRINT Name of Applicant

SIGNATURE of Applicant

Date

| | |
|------------------------|--------------------|
| OFFICE USE ONLY | |
| Date Filed _____ | Hearing Date _____ |
| Fee Paid _____ | Receipt _____ |
| Remarks | |