

CITY OF MUNISING
REQUEST FOR DETERMINATION OF PARKING REQUIREMENTS

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

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

Use: _____

Description of intended use: _____

Zoning District where intended use to be located: _____

Date Signature of Applicant

ZONING BOARD OF APPEALS ACTION:

Minimum parking requirement: _____ spaces

Remarks: _____

Date Chair, Zoning Board of Appeals