

BIRCH RUN TOWNSHIP
APPLICATION FOR SPECIAL USE PERMIT

DATE: _____ SPECIAL USE REQUEST NO: _____

TO: BIRCH RUN TOWNSHIP PLANNING COMMISSION

BY: _____
Name of Applicant

OF: _____
City State Zip

Phone Number

1. The property in question is located at:

Address City State Zip

Legal Description: (Enter here or attach):

2. A previous request has () has not () been made with respect to this property.
Dated _____ 20 _____. Decision of previous request:

3. The appeal with regard to a special use permit is as follows: (Check applicable item)

____(A) To hear and decide application(s) for special use permit(s) to
Regulations in accordance with Article _____

____(B) To hear and decide whether another proposed use is in accord with the
intent and purpose of the regulations regarding zoning district
_____ as found in Article _____ of this
Zoning Ordinance.

4. With regard to the above request, I (we) apply for the following specific special use:

5. I (we) authorize _____
To act as my (our) authorized agent in the hearing on my (our) request. (You may attach
Supplementary information on your request).

Signed, _____

To be completed by Township:

Fee \$750.00 Date Received: _____

Check # _____ Cash _____

Copy Sent To:

Zoning Administrator _____, 20____

Township Planning Comm. _____, 20____

Saginaw County Planning _____, 20____

Property is presently zoned _____

Property is shown on Master Plan as _____

Action Taken:

Signed, _____