LAGRANGE TOWNSHIP

APPLICATION FOR A SPECIAL USE PERMIT

In accordance with Section 21 of the LaGrange Township Zoning Ordinance, this application is a request for a Special Use Permit for property located at:

ADDRESS OF PROPERTY: _____
LEGAL DESCRIPTION: _____
_____
_____

TAX PARCEL NUMBER: _____

APPLICANT: (If the applicant is not the owner, the applicant must also show document of the right to apply. If the applicant is a business, please give the business name and a contact person.)

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____
Contact Person: _____

PROPERTY OWNER:

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____
Contact Person: _____

INTEREST IN PROPERTY:

__Owner __Representing Owner _____Option to Buy _____Lessee _____Other (specify)_____

SITE STATISTICS:

Zoning of Property: _____ Current Use: _____
Lot Dimensions: _____ ft. x _____ft. Non-Conforming Use? _____Yes_____No
Lot Area: _____ Acres _____sq. ft. Located in flood plain?_____Yes_____No
Public or Private Street Frontage:_____ft.

Describe in detail your proposal for the property (Use a separate page if necessary):

_____
_____
_____
_____
_____
_____

If the property is currently developed, describe the nature of the use:

_____
_____
_____
_____
_____
_____

Proposed Non-Residential Characteristics:

Number of Employees: _____
Number of off street parking spaces:_____
Hours of Operation:_____
Days of Operation: _____

Proposed Residential Characteristics:

Number of single-family units: _____
Number of multi-family units: _____
Type of units: ____Eff. ____2 br. ____3 br.
Number of off street parking spaces: _____

Is the request in conformance with the general standards set forth in Section 21 Special Use Permits of the Zoning Ordinance: _____ Yes _____ No

***The applicant shall also provide any other information that is available or requested.**

_____ _____ _____
Applicant Signature Printed name of Applicant Date

The foregoing information shall be filed with the LaGrange Township Zoning Administrator. For further assistance, please contact:

Zoning Administrator
Steven Allen
301 N. 2nd St.
Cassopolis, MI 49031
(269) 479-2387

Township Clerk
Tasha E. McCoy
24863 Pokagon Hwy.
Cassopolis, MI 49031
(269) 233-4004

For Zoning Administrator Use Only

Date Filed:	Check #:	Amount:

NOTES: