

**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: _____

Contact Person: _____

Fax: _____

Address: _____

Email: _____

PROPERTY OWNER:

Name: _____

Phone: _____

Contact Person: _____

Fax: _____

Address: _____

Email: _____

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

Bruce Vosburgh
504 N. Fourth St.
Niles, MI 49120
(269) 684-5166

Township Clerk

Amy Juroff
24745 Cass St.
Cassopolis, MI 49031
(269) 782-5939

For Zoning Administrator Use Only

Date Filed:

Check #:

Amount:

NOTES: