

NO. _____

**APPLICATION FOR SPECIAL USE PERMIT
ARLINGTON TOWNSHIP, VAN BUREN COUNTY, MICHIGAN**

Date Received: _____
By: _____
Fee Paid: _____

1. Legal Description: (tax #, lot #, metes and bounds; may be attached.) _____
2. Street Address: _____
3. Size of the lot or parcel: _____
4. Describe what is currently on the property: _____
5. Describe what the applicant's interest is in the property, i.e., owner, option. _____

6. If the applicant is other than the owner, does the owner consent to the application? Y N
7. Is the property subject to any deed restrictions? Y N (if yes, please attach a copy.)
8. What is the current zoning of the property? _____
9. Is the property subject to a current special use permit? Y N
10. The special use permit is requested for the following use: _____

Name of Applicant (printed or typed) _____

Signature of Applicant _____

Address _____

Contacts: Home phone _____, business phone _____ cell _____

Do you wish to be notified of the meeting(s) by e-mail? _____

For Official Use Only

Date of published public hearing notice _____ Date of notice mailing or delivery _____

Date of meeting _____ Approved _____ Rejected _____ Tabled _____

Reasons for action _____
