



APPLICATION FOR SPECIAL LAND USE

Fee: \$350.00 for a special meeting and public hearing
 \$250.00 for a regular meeting and public hearing

5095 4th Street • Eagle River, MI 49950 • (906) 337-3471 • FAX (906) 337-2253

Date	Parcel ID Number
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ALL INFORMATION IS REQUIRED

Property Owner(s) Name			Applicant(s) Name		
Mailing Address			Mailing Address		
City	State	Zip code	City	State	Zip code
Day Phone	Evening Phone		Day Phone	Evening Phone	

THIS APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER(S) OR THE OWNER MAY PROVIDE A LETTER AUTHORIZING THE APPLICANT TO ACT ON THEIR BEHALF.

Special Land Use Being Requested	Property Address	Total Existing Acreage
Proposed Zoning of Property	Location of Property: _____ side of _____ Road.	
Master Plan Designation of Property	Between _____ and _____ Roads.	
Zoning of Surrounding Parcels	East: _____ West: _____	
North: _____	South: _____	

List below or attach legal description of property.

List below or attach all deed restrictions.

Briefly describe the proposed land use and attach a written narrative addressing the “standards for approval” pursuant to Article Section of the Keweenaw County Zoning Ordinance.

A COMPLETE SITE PLAN CONTAINING ALL OF THE APPLICABLE DATA OUTLINED IN ARTICLE SECTION OF THE KEWEENAW COUNTY ZONING ORDINANCE MUST ACCOMPANY THIS APPLICATION.

Owner(s) Signature:	<i>I hereby grant permission for members of the Planning Commission and Zoning Administrator to enter the above described property for the purpose of gathering information related to this application.</i>
Applicant(s) Signature (if other than owner):	
Signature and Date:	

DO NOT WRITE BELOW THIS LINE – KEWEENAW COUNTY USE ONLY

Date Received	Application Fee	Receipt Number
Publication Date	Date Notices Mailed	Public Hearing Date
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS (List or attach)		
CONDITIONS:		