



APPLICATION FOR CONDITIONAL USE

Conditional Use Applications are \$300.00 each

Date	Parcel ID number		ALL INFORMATION REQUIRED	
Property Owner(s) Name		Applicant(s) Name		
Mailing Address		Mailing Address		
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.

Conditional Use Requested	Property address	Total Acres
Location of property:	Side of	Road
Between	and	Roads
Zoning of surrounding parcels: North	South	East West
List below or attach legal description of property		
List below or attach all deed restrictions		
Briefly describe the proposed conditional use and attach a written narrative addressing the “standards for approval.” pursuant to Article 10 Section 3 plus the appropriate section in Article 10 of the Keweenaw County Zoning Ordinance which applies to your Conditional Use request. Examples of Conditional Uses are given on page 2.		
Owner(s) signature & Date	<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 & Date (if other than owner)		

Conditional Use Permit Application Continued

Examples of Conditional Uses with corresponding Section in Article 10 of Keweenaw County Zoning Ordinance

10.12.5: Charter Boat Fishing	10.12.19: Hunting Camps
10.12.7: Community Residential Care Facility, Large	10.12.23: Marinas and Other Watercraft Sales and Services
10.12.10: Drive-Through Establishments	10.12.24: Organized Camps
10.12.11: ECHO Housing	10.12.25: Multiple Family Development
10.12.17: Dwelling, Rental – Short Term (STR's)	10.12-26: Mobile Home Park
10.12.18: Home Occupations	10.12.31: Rural Cluster Development

COMPLETED APPLICATIONS MUST BE RETURNED TO:
KEWEENAW COUNTY ZONING ADMINISTRATOR
5095 4TH STREET, EAGLE RIVER, MI 49950
PHONE: 906-337-3471
EMAIL: planning@keweenawcountymi.gov

DO NOT WRITE BELOW THIS LINE KEWEENAW COUNTY USE ONLY

Date Received	Application Fee	Receipt Number
Publication Date	Date Notices Mailed	Public Hearing Date

☐

Approved

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Denied

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Approved with conditions listed below: