

MILLINGTON TOWNSHIP ZONING ORDINANCE SPECIAL LAND USE FORM.

APPLICANT'S NAME(S): _____

LANDLINE #: (____) _____ CELLPHONE #: (____) _____

FOR THE FOLLOWING ADDRESS: _____

PARCEL IDENTIFICATION NUMBER(S): _____

LEGAL DESCRIPTION OF PROPERTY: _____

NATURE OF SPECIAL LAND USE LAND REQUEST: _____

THIS SPECIAL LAND USE PERMIT IS REVOCABLE, CONDITIONAL, OR VALID FOR A TERM PERIOD. COMPLIANCE OF SPECIAL LAND USE PERMIT MUST BE MAINTAINED IN ACCORDANCE WITH THE MILLINGTON TOWNSHIP ZONING ORDINANCES OR IT WILL BE REVOKED BY THE MILLINGTON TOWNSHIP ZONING ORDINANCE ADMINISTRATOR UPON WRITTEN NOTICE OF THE VIOLATION OF THE SPECIAL LAND USE PERMIT.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS DOCUMENT TO ROGER LEACH, ZONING ORDINANCE ADMINISTRATOR
8553 STATE STREET (P.O. BOX 247) in MILLINGTON, MI 48746

ZONING ORDINANCE ADMINISTRATOR'S NOTES:

SPECIAL LAND USE PERMIT APPROVED _____ OR SPECIAL LAND USE PERMIT DENIED _____

ZOA SIGNATURE: _____ DATE: _____