

Wexford Joint Planning Commission
c/o Cherry Grove Township
4830 E. M-55, Cadillac, MI 49601-9332
Ph: 231-775-1138x6 Fax: 231-775-0037 **Attn: WJPC**
planningandzoning@wexfordjpc.org

SPECIAL LAND USE PERMIT APPLICATION

1. APPLICANT: Name: _____
(Last) (First) (M.I.)

Address: _____
(No. & Street) (City) (State) (Zip)

Phone Nos: _____
(Work) (Home) (Cell) (Fax)

2. APPLICANT'S INTEREST IN PROPERTY: _____

3. OWNER: Name: _____
(Last) (First) (M.I.)

Address: _____
(No. & Street) (City) (State) (Zip)

Phone Nos: _____
(Work) (Home) (Cell) (Fax)

4. REQUESTING SPECIAL LAND USE PERMIT FOR (Specify Use): _____

5. LEGAL DESCRIPTION OF PROPERTY: _____

6. ADDRESS OF PROPERTY: _____

7. PRESENT USE OF PROPERTY: _____

8. ATTACH REQUIRED SITE PLAN DRAWING and all documentation required to demonstrate compliance with Article 94 (Site Plan), Article 86 (Special Uses), and all other applicable articles and provisions of the Wexford Joint Zoning Ordinance.

9. NAMES & ADDRESSES OF ALL OTHER PERSONS, FIRMS, OR CORPORATIONS HAVING A LEGAL INTEREST IN THE PROPERTY: _____

10. APPLICANT'S SIGNATURE:

X _____ Date: _____

11. OWNER'S SIGNATURE:

X _____ Date: _____

-OFFICIAL USE ONLY-

CASE NO: _____

FILING DATE: _____

REC'D BY: _____ RECEIPT NO: _____

PC ACTION: _____ DATE: _____

BOARD ACTION: _____ DATE: _____

EFFECTIVE DATE: _____