Wexford Joint Planning Commission
401 N Lake Street, Cadillac, MI 49601
Ph: 231-444-6159 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: _____