



SPECIAL LAND USE APPLICATION

| | | |
|---|---|-------------------------|
| Applicant(s) | | Phone Number |
| Email Address <i>Required</i> | | |
| Address | | Daytime |
| | | |
| Interest in Properties <i>(Check One)</i> | <input type="checkbox"/> Owner <input type="checkbox"/> Represent Owner <input type="checkbox"/> Option to Buy <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____ | |
| Complete address of special land use: | 400- ____ - ____ - ____ - ____ - ____ | Current Zoning District |
| | Owner: _____ Address: _____ | Phone Number |
| Legal Description(s): | <i>Indicate attached if needed.</i> Lot Size: Width: _____ Length: _____ Area: _____ | |
| Proposed Special Land Use: | <i>Indicate attached if needed.</i> | |
| Application must include photographs of the property, copies of any other required permits, and a site plan, as follows: | <input type="checkbox"/> Drawn to a scale of at least 1"=100' <input type="checkbox"/> Existing and proposed structures (buildings, trash receptacles, landscaping, etc.) <input type="checkbox"/> Existing and proposed parking areas and driveways <input type="checkbox"/> Existing and proposed roads, easements and other access points <input type="checkbox"/> Flood plain elevations, if applicable | |

I stipulate and understand the special land use, if approved by the City of Grand Ledge, does not guarantee I may proceed with the special land use. I understand there may be additional permits required to meet trade codes and other governmental requirements, and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this sign permit application are true, accurate and complete.

Applicant Signature: _____ Date: _____

| For Office Use Only ----- | Required Reviews | Approve / Deny | Initials |
|---------------------------|---|---|----------|
| Fee Paid: _____ | <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> <input type="checkbox"/> | _____ |
| Date Received: _____ | <input type="checkbox"/> City Assessor | <input type="checkbox"/> <input type="checkbox"/> | _____ |