



## SPECIAL LAND USE APPLICATION

Applicant(s)		Phone Number
Address		Daytime
<i>Interest in Properties (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- ____ - ____ - ____ - ____ Owner: _____ Address: _____ _____	Current Zoning District _____ Phone Number _____
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Legal Description(s):	<i>Indicate attached if needed.</i>  Lot Size: Width: _____ Length: _____ Area: _____
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Proposed Special Land Use:	<i>Indicate attached if needed.</i>
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Application <b>must</b> 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
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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"/>	_____
	<input type="checkbox"/> Building Official	<input type="checkbox"/> <input type="checkbox"/>	_____