

\$50.00 Fee

Date Paid

RUDYARD TOWNSHIP
Application for Conditional Use Permit
Rezoning
Amended Ordinance

Type of Request: Conditional Use Permit ____ Rezoning: ____ Amend Ordinance: ____

APPLICANT NAME _____ PHONE _____

ADDRESS _____

PROPERTY OWNER _____

LOCATION OF PROPERTY: _____

LEGAL DESCRIPTION: _____

PRESENT ZONING: _____ PROPOSED ZONING _____

EXISTING USE OF PROPERTY: _____

DESCRIBE REASON FOR REQUEST: _____

HAS THE PRESENT APPLICANT PREVIOUSLY SOUGHT TO REZONE, OR
OBTAIN A CONDITIONAL USE PERMIT? ____ YES ____ NO WHEN _____

WHAT IS BEING REQUESTED: _____

DATE NOTICE SENT TO BOARD OF APPEALS: _____

TIME OF HEARING: _____ NOTICE PRINTED _____

DATE OF MAILINGS TO PROPERTY OWNERS: _____