



COE TOWNSHIP Application for Special Use Permit

Applicant:

Name _____ Owner/Agent/Other interest (circle one)

Address _____

Phone _____ Fax _____

Property Owner: (if different from applicant)

Name _____

Address _____

Phone _____ Fax _____

Property Location:

Township _____ Section _____ Zoning District _____

Address _____

Tax I.D. Number _____

Description of Project and Proposed Use: _____

Signature of Applicant **Date**

Optional: I hereby grant permission for members of the Isabella County Planning Commission and Zoning Administrator to enter the above described property for the purposes of gathering information related to this application.

Signature of Applicant **Date**

NOTE: All information received by this department is subject to the Freedom of Information Act. Under this Act, persons are allowed to request copies of said information. This includes, but not limited to, all copyrighted drawings/blueprints.

Office Use Only

File No. _____ Fee \$ _____ Check # _____ Receipt No. _____

Date Application Received _____ Application Received By _____

Legal Description Attached? YES NO Site Plan Attached? YES NO

Applicable Ordinance Section(s) _____