

CHIKAMING TOWNSHIP

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updated 1.28.2020

APPLICATION FOR A MODIFICATION TO A SPECIAL LAND USE PERMIT

Name of Applicant	Home Phone		Cell Phone
Property Owner's MAILING Address	City	State	Zip Code
Email:			
Property Code No.: 11-07-	Applicant email address:		

I. ACTION REQUESTED

It is hereby requested that the Chikaming Township recommend approval and that the Chikaming Township Board of Trustees approve a modification to the Special Use Permit

No. _____ issued to _____ on _____

1. A. The requested amendment is described as :

II. PROPERTY INFORMATION

A: Address of property: _____

B. Attach proof of fee ownership.

III. Does the requested modification change the nature of the use? ___ Yes ___ No ? Explain.

IV. Does the requested modification change the intensity of the use? ___ Yes ___ No ? Explain..

For Office Use Only

Application Reviewed by _____ on _____, 20

Application :

_____ Requires site plan review only

_____ Requires all information required for a new special land use permit

_____ Request for additional information sent on _____

Case Number	Date and Fee Received	Receipt Number
Planning Commission Action	Planning Commission Date	
Township Board Action	Township Board Date	
Property Code No. 11-07-	Expiration Date	