



Internal Tracking #: _____
Permit # _____

Burt Township
PO Box 430
Grand Marais, Michigan 49839-0430
Phone: (906) 494-2381 Fax: (906) 494-2627

Application for Conditional Use Permit

I. Applicant:

Applicants Name: _____

Address: _____ Phone: _____

Physical address for the property for which this Conditional Use Permit is requested:

II. Legal Description

Section _____ Twp. _____ Range _____ Parcel Code 02-002

Block _____ Lot _____ Plat Name _____

E-Number and
Local Street Address _____

Current Zoning District: R-1 R-2 C-1 C-2 BAY RF RP LS/R
(circle appropriate one)

NR I PR SD/TP-IBZ RM-IBZ RR-IBZ

III. A Conditional User Permit is Requested to Permit the Following:

IV. The Reasons a Conditional User Permit is Necessary Include:

V. What Alternatives have been considered?

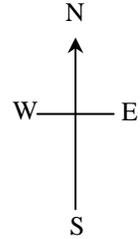
Applicant

Date

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Lot Diagram

Draw a diagram of the lot on which the building is to be constructed, showing the size of the building and where it is located on the lot. Also show the distance from the building to the front, side, and rear lot lines. Show all buildings presently on the property.



The owner authorizes appropriate township officials to make onsite inspections to review this site plan.

Owner or Owner's Agent Signature _____
Date _____

Zoning Administrators Comments:

Cost: \$300.00 Date Pd. _____
 Cash Check No. _____

All Fees are Non-Refundable

Sign (attach sketch)

On Premise: _____
Foundation: _____
Temporary: _____ Yes _____ No
Message: _____
Off Premise: _____

Zoning District of Parcel: _____
Lot Size: _____
Date: _____

Planning Commission:

Motion by: _____ Seconded by: _____

Vote: _____