



**BOYNE CITY
PLANNING COMMISSION**

319 N. Lake Street (231) 582-0343
Boyne City, Michigan 49712-1188
www.boynecity.com

CONDITIONAL USE APPLICATION

Permit # _____

➡ **Applicant Name:** _____
Street Address: _____
City: _____ State: _____ Zip-Code: _____
Phone Number (s): _____ E-mail: _____

➡ **Property Owner's Name:** _____
Street Address: _____
City: _____ State: _____ Zip-Code: _____
Phone Number (s): _____

➡ **Project Location:** Street Address: _____
Property ID Number: 15-051-

Request: _____

*As an illustration of this request, I/we have attached a site plan(s) of the premise drawn to scale showing the location of **all** existing and proposed structures, improvements, and uses on the property as well as any information required by ordinance.*

I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Boyne City Zoning Ordinance as well as all procedures and policies of the City of Boyne City Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge; and that a filing fee is due with this application.

Applicant (Printed Name)

Signature

Date

Property Owner (Printed Name)

Signature

Date

This is to certify the required filing fee was received on _____ and documented with

Receipt Number _____. This application is scheduled for public hearing on _____

Staff Initials _____