



CITY OF MANCHESTER
912 CITY ROAD
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877

APPLICATION FOR CONDITIONAL USE PERMIT

Application Date: _____

Permit No.: _____

APPLICANT IDENTIFICATION:

Lessee Name: _____

Telephone: _____

Address: _____

Owner Name: _____

Telephone: _____

Address: _____

Representative: _____

Type: _____ (describe type)

NOTE: If applicant is not the owner of the property, applicant must attach a written statement, signed by the owner, stating that the applicant is acting on the owner's behalf.

PROPERTY IDENTIFICATION:

Address: _____

Location: between _____ and _____

Current Zoning: _____ Subdivision: _____

Lot No.: _____ Block No.: _____

Conditional Use Requested (as listed in City of Manchester Zoning Ordinance): _____

ADDITIONAL INFORMATION:

Describe how the conditional use would affect the public welfare and property rights of those persons in the vicinity.

Describe how the conditional use would affect public facilities and services of the Village of Manchester.

Over >>>>

MAP REQUIRED:

You must submit, along with this application form, a scaled map of the property for which the conditional use permit would be granted, showing the existing and proposed location of all buildings and structures thereon, the types thereof, and their uses.

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

For Office Use Only: Fee

Paid: _____ Owner _____ Date: _____ Received by: _____

Verification: _____ Performed by: _____ Date: _____

Recommendation of Planning Commission ☐ Yes ☐ No

Comments: _____

Date of Public Hearing: _____

Notice of Public Hearing published on: _____ (date) in _____ (media). Notice to

property owners within 300 feet mailed: _____ (date)

Public Hearing took place on: _____ (date)

Action by City Council: ☐ Approved ☐ Rejected

Date: _____

Comments: _____
