VILLAGE OF MUIR
122 W Superior St., Muir, Village, MI 48860

SPECIAL LAND USE OR SITE PLAN APPLICATION

APPLICATION:		
Applicant:		
Mailing Address:		
City:	State:	ZIP Code:
Phone (cell):	Phone (other):	Fax:
Email:		
Property Owner (if different than the applicant)*:		
Mailing Address:		
City:	State:	ZIP Code:
Phone (cell):	Phone (other):	Fax:
Email:		
Address of Property:		
Legal Description of Property:		
Permanent Parcel Number:		
Describe the Request(s)**:		
Zoning District of the Property:		
Attach an accurate drawing of the site (site plan) showing: - property boundaries - existing and proposed building(s) - distance from lot lines of each existing or proposed building(s) - unusual physical features of the site or building(s) - abutting streets		
Names and addresses of all other Persons, Firms or Corporations having a Legal or Equitable Interest in the Property (not including mortgage):		
*Applicant must provide Lease, Purchase Agreement or Authorization from Owner. **Attach another sheet if necessary.		
DECLARATION:		

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I do hereby declare, swear and affirm that I am the owner, or the authorized agent of the owner, of the above described property on which the request(s) is proposed, and that the answers and information given herein are true and accurate to the best of my knowledge. I understand that if the request is granted, I know I am in no way relieved from all other applicable requirements of the Village of Muir Zoning Ordinance, other Village ordinances, codes and other laws.

There shall be no refunds of permit application fees. Violation of a zoning permit or approval or any of its conditions is also a violation of the Village of Muir Zoning Ordinance.

By virtue of my application, I do hereby declare that the appropriate Village officials and Village staff responsible for the review of my application are hereby given permission to visit and inspect the property in order to determine the accuracy and suitability of the request(s).

Applicant Signature:	Date: , 202__
Applicant Name:	
Owner Signature:	Date: , 202__
Owner Name:	Date: , 202__

* * *

Office Use Only	
_____ Zoning Administrator	Date: _____, 202__

* * *

Office Use Only

Date Filed: _____,202__ Fee Paid: _____

Received By: _____ Case Number: _____