

**Pleasantview Township**

2982 S Pleasantview Road  
Harbor Springs, MI 49740

Phone 231-526-8140  
Fax 231-526-0890

**APPLICATION FOR SPECIAL USE PERMIT**

**APPLICANT:**

**OWNER**

**AGENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Property Code No. \_\_\_\_\_

Property Address \_\_\_\_\_

Subdivision \_\_\_\_\_

Lot No. \_\_\_\_\_

Health Dept. Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Soil Erosion Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Driveway Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

**PROPERTY OWNERSHIP INFORMATION:**

Tax Record \_\_\_\_\_ Deed \_\_\_\_\_ Land Contract \_\_\_\_\_

**TYPE OF IMPROVEMENT:**

**STARTING DATE** \_\_\_\_\_

Commercial \_\_\_\_\_ Single Family Dwelling \_\_\_\_\_ Multiplex \_\_\_\_\_

Accessory Bldg. \_\_\_\_\_ Dwelling Addition \_\_\_\_\_ Garage \_\_\_\_\_

Mobile Home \_\_\_\_\_ Sign \_\_\_\_\_ Other (explain) \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR SPECIAL USE PERMIT CONT'D**

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Site Plan Received \_\_\_\_\_ Copy Attached \_\_\_\_\_

**AFFIDAVIT:** The undersigned affirms that he and/or she is the \_\_\_\_\_  
(owner, lessee or other interest) involved in this petition and that the foregoing answers,  
statements and information are in all respects true and to the best of their knowledge  
correct.

Signed: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**OFFICIAL ACTION:**

Date Received: \_\_\_\_\_ Date of Advertising: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Approve \_\_\_\_\_  
\_\_\_\_\_

Approve with Modification:  
\_\_\_\_\_

Reason (s) for Action:  
\_\_\_\_\_  
\_\_\_\_\_

**Notification to Applicant, Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Planning Commission Chair or Planner**