

**VILLAGE OF PINCKNEY
APPLICATION FOR SPECIAL USE PERMIT**

Case _____ Fee _____

Applicant _____ Phone _____

Address _____

The above named applicant(s) hereby request of the Planning Commission, in accordance with the Village of Pinckney Zoning Ordinance, Section 152.240 – 152.243, a special use permit for the property located at:

Address _____ Plat _____

Lot _____ Tax Code Number _____

Attach Legal Description

A previous request _____ has or _____ has not been made with respect to this property.

Date of previous request _____ Decision of previous request _____

The request is for (please be specific)

With regard to the above request, I (We) apply for the following specific decision: (Please refer to Section 152.240 – 152.243 of the Village of Pinckney's Zoning Ordinance):

I (We) authorize _____ to act as my (our) authorized agent in the hearing on my (our) request (Please attach any supplementary information on your appeal.)

Signature: _____

*******OFFICE USE ONLY*******

Date received: _____

Property Zoning: _____

Date of Public Hearing: _____

Date of Publication of Notice: _____

Decision of Planning Commission:

Date of Council Meeting: _____

Decision of Village Council: (Attach a copy of Council Meeting Minutes)

Special Use Permit: Granted: _____ Not Granted: _____

Attach further information as necessary.

Signature of Zoning Administrator: _____ Date _____

This permit is not transferable.

ESCROW BALANCE

Invoice Date

Number

Amount

Rolling Balance
