

Ashland Township

Newaygo County
GRANT, MICHIGAN

SPECIAL USE PERMIT

ZONE DISTRICT: _____

PROPERTY ADDRESS OR LOCATION: _____

PROPERTY DESCRIPTION: _____

SEC. T11N R13W

SPECIAL USE: _____

SPECIAL USE RESTRICTIONS: _____

NAME OF APPLICANT: _____

ADDRESS: _____

APPLICANT HEREBY AGREES TO COMPLY WITH ALL ORDINANCES, REGULATIONS AND RESTRICTIONS OF ASHLAND TOWNSHIP, NEWAYGO COUNTY, MICHIGAN, WHICH GOVERN SAID SPECIAL USE.

DATE: _____

APPLICANT(S) _____

Signature

SPECIAL USE PERMIT: GRANTED () DENIED ()

DATE: _____

Chairman
Ashland Township Planning Comm.