



Discover ★ Enjoy ★ Celebrate!

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PHONE (517) 651-5374 • FAX (517) 651-5604 • [www.laingsburg.us](http://www.laingsburg.us)

Special Use Land Permit  
Application

Name of Applicant: \_\_\_\_\_ (Owner/Tenant/Other)

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

Telephone: \_\_\_\_\_

Description of Property:

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

Legal Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presently Zoned: \_\_\_\_\_

Details of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Materials: Site Plan ( ) Other ( )

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Action taken by Planning Commission: Approved ( ) Denied ( )

Remarks: \_\_\_\_\_

Action taken by City Council: Approved ( ) Denied ( )

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ City Clerk Signature: \_\_\_\_\_