

PHONE (517) 651-5374 • FAX (517) 651-5604 • www.laingsburg.us

## Special Use Land Permit Application

Name of Appli	cant:	(Owner/Tenant/Other)
Address:		
Telephone:		
Description of	Property:	
Address:		
Legal Descript	tion:	
Presently Zon	ed:	
Details of Req	uest:	
Supporting Ma	aterials: Site Plan ( ) Other ( )	
Applicants Sig	nature:	Date:
Action taken b	y Planning Commission: Approved ( )	Denied ( )
Remarks:		
Action taken b	y City Council: Approved ( ) Denied (	)
Remarks:		
Date:	City Clerk Signature:	