

SPECIAL LAND USE APPLICATION

CITY OF NILES

333 N 2nd Street, Niles, MI 49120

(269) 683-4700 ext. 3020

FOR OFFICIAL USE ONLY

Application Fee (payable to City of Niles): \$100.00

Payment Received: Y N _____ Cash Check No: _____

TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Applicant's Name: _____ Date: _____

Company (if applicable): _____

Address: _____ City: _____ ST: _____ Zip: _____

Applicant's Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

1. Address of subject property: _____

2. Zoning of subject property: LDR MDR NC OC CB RC IND OS

3. Property owner name (if other than applicant): _____

4. Signature of owner(s): _____

5. Signature of applicant (if different than owner): _____

6. Applicant is the: Owner Lessee Optionee Contractor/Architect

7. Explanation of Request (please attach)

PLEASE TAKE NOTICE: The Applicant is responsible for reviewing the City of Niles Zoning Ordinance, Article 8, to process this Special Land Use application. City staff is available for guidance at the number listed above

DECISION BY PLANNING COMMISSION

_____ Granted _____ Denied _____ (Granted with Conditions – attached)

The Zoning Administrator is hereby authorized to issue a Special Land Use Permit to the Applicant pursuant to approval by the Planning Commission received on _____

Zoning Administrator's Signature

Date