



# Milton Township

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## APPLICATION FOR CONDITIONAL / SPECIAL USE

Property Location/Address: \_\_\_\_\_

Parcel/Property ID#s: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant's Interest in the Property (If not the Owner): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Conditional/Special Use Applied For: \_\_\_\_\_

Detailed Description of Proposed Use (including parking facilities, if applicable, and ingress and egress as approved by the County Road Commission, hours of operation, etc.):

Use of Land/Premises on Adjacent Properties:

Expected Effect of Proposed Use on Adjacent Properties and Development of the Neighborhood:

Please attach a legal description of the property and a sketch showing the location and size of buildings and location of sewage disposal and water supply facilities, existing or proposed. Also, please attach a legal description of the property and a site plan drawn to scale showing the dimensions of the property and the location of all existing improvements. (Note: Fees as listed on the Milton Township Schedule of Fees must accompany this application.)

### For Office Use Only

Date of Review by Zoning Administrator/Application Complete: \_\_\_\_\_

Zoning Administrator Decision/Signature: \_\_\_\_\_

Stipulations/Conditions \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Planning Commission Recommendations/Decision: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of County Action: \_\_\_\_\_

County Action: \_\_\_\_\_

Approved/Denied and Date: \_\_\_\_\_