



1000 West Cedar Avenue
Gladwin, Michigan 48624
Telephone: (989)426-9231
Fax: (989)426-6942

CITY OF GLADWIN SPECIAL LAND USE APPLICATION

Applicant Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance)

Property Owner Name: _____

Property Address: _____

Tax Parcel ID Number(s): _____

Zoning District: _____

Requesting Special Land Use Permit for (Specify use): _____

Please attach the following with your application:

1. A signed statement that the applicant is the owner or party with interest of the subject parcel, or is acting as the representative of the owner or operators as detailed in Chapter 5 of the Zoning Ordinance.
2. A complete site plan containing all the applicable data outlined in Section 502, Review and Approval of Site Plans. See Site Plan Review application.
3. Supporting statements, evidence, data, information, and exhibits which address those standards and requirements for assessing special use permit applications outlined in Section 901.3.
4. Information on any previously approved Special Land Uses for the property.

For Office Use Only:

Application Fee: _____ \$250 _____ Date Paid: _____

Date Notice Was: Posted: _____ Published: _____ Mailed: _____

Date of PC Hearing: _____ SLU Approved SLU Denied

(Attach: Minutes of PC Meeting)