

TOWNSHIP OF LEXINGTON

**APPLICATION FOR SPECIAL LAND USE
PLANNING COMMISSION**

Applicants Name(s)

Date

Applicant Address

Property Tax Code

Post Office, State and Zip Code

Phone

Address and/or Location of Site (if different from above):

Reason for Application of Special Land Use Permit, in detail:

List Type of Products to be Sold, Produced, any Other Functions, Etc:

Days of the Week and Hours of Operation. If Seasonal, Include the Weeks or Months of Operation:

Will there be any of the following, if yes, please indicate and explain; AUCTIONS, TRUCK TRAFFIC, FENCING, ADDITIONAL LIGHTING OR GREEN BELT:

IF THIS SPECIAL LAND USE PERMIT IS NOT INITIATED WITHIN SIX (6) MONTHS OF ISSUANCE OR IF NOT IN OPERATION FOR A CONSECUTIVE SIX (6) MONTH PERIOD (EXCLUDING SEASONAL BUSINESS) THIS PERMIT WILL BECOME NULL AND VOID.

THE HOLDER OF THIS PERMIT WILL RECORD IT WITH THE SANILAC COUNTY REGISTER OF DEEDS.

DATE OF ISSUANCE: _____

SIGNATURE OF APPLICANT

SIGNATURE OF ZONING ADMINISTRATOR

ATTACH SITE PLAN, WHICH WILL INCLUDE ALL EXISTING AND PROPOSED BUIDINGS INCLUDING SIZES, INSIDE/OURSIDE STORAGE, OFF-STREET PARKING (HOW MANY SPACES), ANY OUTSIDE DISPLAYS, INGRESS AND EGRESS, GREEN BELT AND/OR FENCING, SIGN SIZE AND LOCATION, ANY OTHER INFORMATION.

