

**SCHOOLCRAFT TOWNSHIP**

**50 East VW Avenue  
Vicksburg, Michigan 49097**

**(269) 649-1276  
(269) 649-3649  
Fax:(269) 649-2232**

**APPLICATION FOR SPECIAL LAND USE PERMIT**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
street city state zip

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

**Property Information**

Property Owner (If different from applicant) \_\_\_\_\_  
\_\_\_\_\_

Property Address \_\_\_\_\_

Parcel NO. \_\_\_\_\_ Legal Description(obtain from deed or  
tax bill) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel size: \_\_\_\_\_ Zoning District \_\_\_\_\_

**Special Land Use Permit Information**

Specify the land use for which special land use approval is requested(e.g. Golf Course,  
Bed & Breakfast, Child Day Care Center, etc.): \_\_\_\_\_

Attach all specifications, data, and other materials on which you intend to reply to  
show all applicable standards for special land use approval are met. Also obtain a Site  
Plan Review Application packet, and complete/file the required site plan materials.

NOTE: An application fee deposit of \$500.00 must accompany this application.  
***\*Costs incurred over the application fee deposit amount will be billed at end of  
application process; if deposit exceeds actual costs the balance will be refunded.***

Application to be filed with: Schoolcraft Township Clerk  
50 East VW Avenue  
Vicksburg, MI 49097

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

(For Township Use Only)

Deposit Fee Received By \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Tentative Hearing Date: \_\_\_\_\_