



City of Ishpeming Conditional Use Permit Application

Visit our website at www.ishpemingcity.org



Specify Use: _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Email: _____

- I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.
- Additionally, I hereby grant permission for the City of Ishpeming Zoning Administrator to enter upon the above-mentioned property (or as described in the attachment) for the purposes of gathering information related to this application.
- Furthermore, I hereby acknowledge that in review of this application, the City of Ishpeming may require outside planning or engineering services to ensure that the requested item(s) for review in this application is compliant to the current zoning laws and policies of the City of Ishpeming. I, as the applicant, acknowledge that any costs incurred by the City of Ishpeming as they relate to the review of this application by any of the City's consultants listed above are my responsibility to reimburse and agree to repay the City of Ishpeming for any and all costs incurred to it in the review of this application.

Signature: _____ Date: _____

Fee: ☐ Residential: \$250.00 ☐ Commercial: \$350.00

Applicant is the: ☐ Owner ☐ Lessee ☐ Optionee ☐ Contractor/Architect

Property Owner's Name (if different than applicant): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Email: _____

Property Location or Address: _____

Property is: ☐ Residential ☐ Commercial ☐ Industrial Property Zoned: _____

THIS APPLICATION WILL NOT BE CONSIDERED COMPLETED, AND THEREBY NOT PRESENTABLE TO THE PLANNING COMMISSION, UNLESS ALL ITEMS LISTED BELOW HAVE BEEN PROVIDED:

✓ The description of the property or properties in question on this application and a site/plot plan as required by the City of Ishpeming Zoning Ordinance #8-100 must be attached to this form.

✓ Evidence must be provided to show that the proposed use meets all permitted and specific conditional land use standards required by the City of Ishpeming Zoning Ordinance #8-100.

TO BE COMPLETED BY CITY STAFF

Date application and fee received: _____ Staff Initials: _____ Receipt #: _____

PID: _____ Leg. Descr.: _____

Application is: ☐ Approved ☐ Denied Permit #: _____

Explanation: _____

Planning Commission Meeting Date: _____

Zoning Administrator: _____ Date: _____

Lot Diagram

Owner: _____

Address: _____

*Tax ID: _____

- ☐ Draw lot lines in feet
- ☐ Label Street
- ☐ Draw existing structures
- ☐ Draw proposed construction
- ☐ Show dimensions of building
- ☐ Show distance from all sides of buildings to sidelines
- ☐ Draw lakes, streams, and wetlands within 500 feet

