

DAYTON TOWNSHIP of NEWAYGO COUNTY

Application No. _____

Application for a Special Exception Use Permit

(Please print of type information.)

Applicant Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

I, hereby request a hearing before the Dayton Township Planning Commission, for a Special Exception Use Permit. The request is for a _____ to be used at _____, Section number _____ in Dayton Township.

1. Applicant must file from the District Health Department an on Site Sewage Disposal Permit and/or a Water Supply Permit as required.
2. Application must include a site plan, plot plan, or development plan drawn to a readable.
3. Please circle type of meeting requested Regularly Scheduled* or Special** Meeting.

* Must be filed with Clerk at least 12 business days before next regularly scheduled meeting to qualify.

** The Special Meeting required applicant to pay a fee before meeting will take place

Applicant Signature: _____

Date Signed: _____

For Township use only

Regular Meeting Yes ____ No ____

Proposed Date of Meeting

Special Meeting Yes ____ No ____

Is fee paid Yes ____ No ____

Date Received by Clerk _____

Date Received by P & Z Chairperson/Secretary _____