

Conditional Use Application

Clinton Township Board of Supervisors

Application # _____ Date _____, 20__

Applicant Name _____

Address _____

_____ Telephone _____

Property Location _____

Owner's Name (if other than applicant) _____

Address _____ Telephone _____

I hereby apply for a hearing before the Clinton Township Board of Supervisors to request conditional use approval to construct or locate a _____

in the _____ Zoning District, in accordance with the District Regulations of Section _____ Of the Township Zoning Ordinance. As required by the Zoning Ordinance, I have attached the necessary documents and plans to explain and illustrate my proposal.

Signature of Applicant

Zoning Permit fee of \$ _____ received _____, 20__. Hearing fee of \$ _____ received _____, 20__. Completed application for the conditional use received _____, 20__.

Signature of Zoning Officer

**Application for Variance
Before the
Clinton Township Zoning Hearing Board**

Date: _____

Applicant Name: _____

Address: _____

_____ Telephone: _____

Property Location: _____

Owner's Name (if other than applicant): _____

Address: _____

_____ Telephone: _____

I hereby apply for a Hearing before the Clinton Township Zoning Hearing Board to request a variance to the requirements of Section _____ of the Clinton Township Zoning Ordinance for the following reason (s):
(Be Specific – indicate why you feel the variance should be granted; why your situation warrants varying the Ordinance provisions and attach a plan or sketch of your proposal to help illustrate the concept if possible.)

Signature of Applicant

Zoning Permit Fee of \$ _____ received _____, 20___. Hearing Fee of \$ _____ received _____, 20___. Completed application for variance received _____, 20__.

Zoning Officer

**Application for Special Exception
Before the
Clinton Township Zoning Hearing Board**

Case # _____ Date _____, 20__

Applicant Name _____

Address _____

Property Location _____

Owner's Name (if other than applicant) _____

Address _____ Telephone _____

I hereby apply for a hearing before the Clinton Township Zoning Hearing Board to request a Special Exception Permit, in accordance with the District Regulations contained in Section _____ of Clinton Township's Zoning Ordinance. My request involves the construction or location of a _____ in the _____ District of the Township.

Signature of Applicant

Zoning Permit fee of \$ _____ received _____, 20__. Hearing fee of \$ _____ received _____, 20__. Completed application for Special Exception received _____, 20__.

**Request for Appeal
Before the
Clinton Township Zoning Hearing Board**

Applicant Name _____

Applicant Address _____

Property Owner(s) _____

Property Address _____

Tax Parcel Number _____

Description and Parcel Location _____

(In addition, complete drawing location of reverse side)

Reason for Appeal (Use additional paper if necessary)

Hearing fee of \$ _____ received _____, 20__.

Completed Application received _____, 20__.

Legal Notice Published _____, 20__.

Adjacent Property Posted _____, 20__.

Signature of Applicant

Date