

MARION TOWNSHIP
SPECIAL USE PERMIT

Application No: _____
Date: _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Parcel ID Number: _____

The above applicant is: Owner Purchaser Representative

(Purchaser or representative will need a letter of permission from owner)

Please include the following with your request. These items are needed to determine administrative completeness:

- The current zoning of the property involved.
- Ten (10) copies of the required site plan (*per Section 18.03 of the Marion Township Zoning Ordinance.*)
- Supporting documentation with regard to all provisions of the Marion Township Zoning Ordinance pertaining to a Special Use Request.

The undersigned agrees to comply with all of the ordinance requirements for Marion Township. Further, the undersigned acknowledges being responsible for all costs incurred by the township in relation to this request. Such costs include, but are not limited to, engineering reviews, legal fees, newspaper notices, postage, etc. The applicant understands final approval is subject to complete payment of all incurred fees and any outstanding escrow balances.

Applicant's Name (print)

Applicant's Signature

Office Use Only	
Date Received: _____	Fee Paid: _____
Materials Received: _____	Site Plans: _____
Application accepted by: _____	