

**HAYES TOWNSHIP APPLICATION  
SPECIAL LAND USE PERMIT**

DATE RECEIVED \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

TOTAL FEE PAID \_\_\_\_\_

APPLICANT (Individual or corporate name) <hr/> ADDRESS <hr/> CITY STATE ZIP <hr/> TELEPHONE (Home) _____ (Work) _____	AGENT/CONTRACTOR (firm name if known) <hr/> ADDRESS <hr/> CITY STATE ZIP <hr/> TELEPHONE <hr/>
---	--

PROJECT LOCATION (Directions to Site, include cross roads)

\_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_ Body of Water \_\_\_\_\_ Property Tax Number \_\_\_\_\_

**PROJECT INFORMATION - Describe Proposed Activity**

\_\_\_\_\_

\_\_\_\_\_

Attach Drawings of the proposed activity prepared in accordance with Section 5.11 or Article VI of the Zoning Ordinance

**Permits Required (Provide copies of permits or evidence they have been applied for if applicable)**

Health Department No. _____	Soil & Erosion No. _____
MDEQ OR DNR No. _____	Corps of Engineers No. _____
Road Commission or MDOT No. _____	Building Department _____

I Hereby agree to comply with the provisions of the Zoning Ordinance of the Township of Hayes, in the installation, construction, alterations, addition, or demolition described herein, and, if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as their selected agent.  
I also agree that by signing this application the Zoning Administrator and Planning Commission Members have the right to enter the property for the purpose of inspections or confirmation of site plan review.

Owner or Selected Agent: \_\_\_\_\_ Date Signed \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date Signed \_\_\_\_\_