



Charter Township of Marquette

1000 Commerce Drive, Marquette, Michigan 49855

Phone: 906-228-6220 • Fax: 906-228-7337



Application for Zoning Compliance Certificate Temporary Use Permit

**NOTE: This Application must be completed and submitted to the Marquette Township Offices.*

**Be sure to complete ALL sections of this form. Please Print or type.*

**Permit fee of \$35.00, due when permit & site plan is returned to the Marquette Township Offices.*

Permit Type

<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Special Events
<input type="checkbox"/> Carnival or Circus	<input type="checkbox"/> Real Estate Sales Office
<input type="checkbox"/> Christmas Tree Sales	<input type="checkbox"/> Seasonal Sales or Farm Products
<input type="checkbox"/> Contractor's Office & Equipment Trailers and Sheds	<input type="checkbox"/> Other _____

Applicant Information

Name:		Address:	
Business Name:			
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Property Owner *(if different from applicant)*

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Property Information

Address:		Property / Parcel ID Number(s): <i>(found on tax bill)</i>
		52-08- - -
Zoning District:	Legal Description(s) <i>(attach pages as necessary)</i> :	
Name of any existing businesses on property:		

Dates of temporary use: _____
Will alcoholic beverages be served: _____

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Explain Nature of Temporary Use or Business Proposed

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Property Owner: _____

Date: _____

Owner's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____

Date: _____

Fee(s) Paid: Yes No If Yes, Amount Paid: _____

Fire Marshal Approval Yes – Date: _____ No (if No, reason(s))

Health Dept. Approval Yes – Date: _____ No (if No, reason(s))

Electrical Permit Yes – Date: _____ No (if No, reason(s))

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Condition(s) of Approval: _____

Signature of Zoning Official: _____

Date: _____