

SPECIAL USE PERMIT ATTACHMENT
CITY OF SOUTH HAVEN
BUILDING DEPARTMENT
539 PHOENIX STREET, SOUTH HAVEN, MICHIGAN 49090
FOR INFORMATION CALL 269-637-0760

Date: _____ Applicant: _____

Project Address: _____ Tax Code: 80-53-_____

Zoning District: _____

Type of Special Use Requested: _____

Special Use Section Number: _____

Please list the conditions for approval which apply to your request and comment on how your request will meet those standards:

Please list the general standards in Sec. 1502 below and comment on how your request will meet the standards:

Applicant Signature _____ **Date:** _____