

RV SPECIAL USE PERMIT APPLICATION

Keweenaw County Zoning

	Parcel ID (tax) Number			ALL INFORMATION IS REQUIRED			
Property Owner(s) Name				RV Make			
Mailing Address				RV Description			
ty		State	Zip code	TAG Number		State	Color
ay Phone	Evenin	ng Phone		1 st Date of Occupancy	Intend	 led Duration	on
urrent Zoning of Property	Proper	rty Physic	al Address	Name RV is registered in.	Name RV is registered in.		
Lot Size and Total Existing Acreage			Do any current zoning violations exist?				
	al Distric	cts on pa	_	of of compliance must accom or greater, a special use perm			w the traile
tached statement is accept	cable.)						

THIS APPLICATION **MUST** BE SIGNED BY THE PROPERTY OWNER OR THEIR AUTHORIZED AGENT

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I understand that members of the Planning Commission, Zoning Board of Appeals, Board of County Commissioners and the Zoning Administrator may visit the property which is the subject of this application. I also understand that either myself or my representative should be present to explain my request, or I should clearly mark the location on my property.

I understand that the fact I have applied for a RV Permit does not relieve me of the obligation of applying for and having been granted a zoning and/building permit issued by the County before proceeding with any future construction of a building or installation of a septic facility of any kind.

I acknowledge that I am responsible for complying with the Keweenaw County Zoning and it is the responsibility of the land owner to apply for and obtain all necessary permits. The approval does not guarantee the ability to obtain permits necessary for the construction of a structure, and the County is not liable or responsible if such property fails to obtain a permit of any nature, including those related to on-site well and septic systems. Further, it is the sole responsibility of the landowner to satisfy the requirements of any application for zoning, building, ingress/egress, on-site well, and on-site septic systems. The County is in no manner liable for the denial of any application.

I have read and understand the above. The information I have provided is complete and accurate to the best

of my knowledge								
Signature and Date Applic	cant(s)	Signature (if other than owner):						
This form must be completed in full, sign	gned and dated by the applicant. If applica	nt is not the property owner the owner must authorize	the agent below.					
A PHOTOGRAPH OF THE RV MUST ACCOMPANY THIS FORM.								
I authorize		to act as my agent and to make binding commitments on my						
behalf.								
Owner	Date	Witness	Date					
Date Received	Zoning Permit #	Township Assessor Copy	911 Address Number					
Septic Compliance Authorization.	Water Compliance	Scheduled Site Visit Date	Addtnl Site Survey Fees (\$50.00) Each					
Setback Water	Setback Road	Side Yard 1	Side Yard 2					
APPROVED DENIED reason over Signed Zoning Administrator Date								
Approved with Condi	tions –							