

Return to:  
City Hall  
Community Development Office  
300 W. Baraga Ave  
Marquette, MI 49855

**CITY OF MARQUETTE**  
**CONDITIONAL USE PERMIT APPLICATION**



**CITY STAFF USE**

Parcel ID#: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Received by and date: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_ Application Deadline (including all support material): \_\_\_\_\_  
Number of Site Plans Submitted: \_\_\_\_\_ Required Narrative Submitted: Y / N

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, THE CONDITIONAL USE PERMIT REQUEST WILL NOT BE SCHEDULED FOR A HEARING UNTIL IT HAS BEEN VERIFIED THAT ALL OF THE INFORMATION REQUIRED IS PRESENT AT THE TIME OF THE APPLICATION - NO EXCEPTIONS!**

**FEE SCHEDULE**

1 or 2 Family Residential Units; Group Day Care	\$552
Commercial and Multi-family Residential (w/ CDRT review)	\$1,881
Commercial and Multi-family Residential (w/out CDRT review)	\$838

**If you have any questions please call 228-0425 or e-mail [alanders@mqcty.org](mailto:alanders@mqcty.org). Please refer to [www.mqcty.org](http://www.mqcty.org) to find the following information:**

- Planning Commission page for filing deadline and meeting schedule  
Excerpts from the City Zoning Ordinance
- [Section 80.65 Conditional Use Permit](#)
  - [Section 80.60 Administrative Standards](#)
  - [Section 80.62 Site Plans](#)

**APPLICANT CONTACT INFORMATION**

**PROPERTY OWNER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\*APPLICANTS OR REPRESENTATIVES ARE STRONGLY ENCOURAGED TO BE PRESENT AT THE MEETING\*\***

**APPLICANT/OWNERS REPRESENTATIVE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\*APPLICANTS OR REPRESENTATIVES ARE STRONGLY ENCOURAGED TO BE PRESENT AT THE MEETING\*\***

**PRE-APPLICATION CONFERENCE**

It is strongly encouraged that all applicants and their representatives meet with City of Marquette staff prior to submitting an application for a Conditional Use Permit. A pre-application meeting with staff allows for a preliminary review of the application procedures, project timelines, compliance with the City Master Plan, and other project criteria, and prevents most situations that usually result in a project being postponed.

**PROPERTY INFORMATION**

Location (Street Address): \_\_\_\_\_ Property Identification Number: \_\_\_\_\_

Size of property (frontage / depth / sq. ft. or acres): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Surrounding Zoning Districts:

Surrounding Land Uses:

North \_\_\_\_\_

North \_\_\_\_\_

East \_\_\_\_\_

East \_\_\_\_\_

South \_\_\_\_\_

South \_\_\_\_\_

West \_\_\_\_\_

West \_\_\_\_\_

**CONDITIONAL USE REQUESTED**

**Attach a separate sheet if necessary.**

Proposed Conditional Use: \_\_\_\_\_

Description of physical changes that will be made to the property: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Proposed signage (if any) (Type/size/location): \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

**A site plan must be submitted with the Application (See Section 80.62 of the Zoning Ordinance)**

**SIGNATURE**

I hereby certify the following:

1. I am the legal owner of the property for which this application is being submitted.
2. I desire to apply for the Conditional Use Permit indicated in this application with the attachments and the information contained herein is true and accurate to the best of my knowledge.
3. The requested Conditional Use Permit would not violate any deed restrictions attached the property involved in the request.
4. I have read Section 80.65 of the Zoning Ordinance and understand the necessary conditions that must be completed; and I have read Section 80.60 Administrative Standards and understand the consideration that will be given in making a decision on this petition.
5. I understand that the payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the plan.
6. I acknowledge that this application is not considered filed and complete until all of the required information has been submitted and all required fees have been paid in full. Once my application is deemed complete, I will be assigned a date for a public hearing before the Planning Commission that may not necessarily be the next scheduled meeting due to notification requirements and Planning Commission Bylaws.
7. I acknowledge that this form is not in itself an approval of the Conditional Use Permit but only an application for a Conditional Use Permit and is valid only with procurement of applicable approvals.
8. I understand if my Conditional Use Permit request is approved that the permit **can be revoked at any time if the required conditions are not being met.**
9. I authorize City Staff and the Planning Commission members to inspect the site.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_