

**TOWNSHIP OF LAKE
HURON COUNTY, MICHIGAN**

PO BOX 429
CASEVILLE, MI 48725
(989 856 7013)
(Located at 4988 W Kinde Rd)

APPLICATION FOR TEMPORARY USE PERMIT

Permit fee: _____

Office Use Only:

Application # _____

Amt Rcvd _____

Date Rcvd _____

Recvd By _____

Print or Type: _____

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

PROPERTY OWNER'S NAME: _____

ADDRESS: _____

PROPERTY CODE: _____

TELEPHONE: _____

LOT SIZE: _____ (Must have proper water & sanitary facilities)

DATES OF USE: (Limited to 14 consecutive days per 4 month period)

From: _____ To: _____

NUMBER OF UNITS: _____

TYPE OF UNITS: _____

NUMBER OF PEOPLE: _____

IMPORTANT NOTICE: By signing this application, the applicant/owner affirms that the information provided herein is in full and true. Further, I hereby grant LAKE TWP personnel involved with the review of this request permission for reasonable entry onto the above property for investigations specifically related to this request.

APPLICANT: _____ DATE: _____