

Charter Township of AuSable

No. 10

4420 N. US 23

AuSable, Michigan 48750

Telephone: (989) 739-9169

E-mail: hall@ausabletownship.net Website: www.ausabletownship.net

Fee \$20.00

ZONING PERMIT APPLICATION TEMPORARY OR SEASONAL USE

- FRUIT, VEGETABLE STAND FOOD TRAILER CONSTRUCTION BUILDERS & STRUCTURES
- CHRISTMAS TREE SALES WOOD SALES TRAVEL TRAILER/MOTOR HOME
- PUMPKIN SALES AUCTION OTHER (Specify) _____
(30 days max)
- TENT/PARKING LOT SALE CHARITABLE AND NON-PROFIT-Fee Waived
(In association w/existing business; 30 days max) (Provide copy of IRA Tax Exempt Letter; 30 days max)

1. Applicant Information

2. Property Owner Information

Business/Organization: _____

Contact: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

3. Primary Contact: Applicant Owner Other: _____

4. Description of Use/Request: _____

5. Start Date: _____ **End Date:** _____

6. Location of Structure: Front yard setback: _____ Side yard setback: _____ Other: _____

7. Attach a Copy of the Following if Applicable (Check with Superintendent):

- Business License
- Insurance with AuSable Township as additional insured
- Food License, if applicable

I _____ agree that during the operation of this Temporary or Seasonal Sale event that within 48 hours after the conclusion of this sale event, I will remove trash and debris, structures, tents, signs, fencing, and clean and restore to its original condition the property and the public right-of-way fronting the property upon which this event is to occur. I will comply with all licensing and sanitary regulations. I agree that the Township assumes no liability for injuries or damages incurred by the vendor or shoppers arising out of the conduct of the vendor.

Additionally, I agree to provide liability insurance naming the CHARTER TOWNSHIP OF AUSABLE as an additional name insured during the period of the activity conducted by myself pursuant to this Permit Application.

Further I hold harmless and will indemnify the CHARTER TOWNSHIP OF AUSABLE for all claims, liabilities, or costs incurred on behalf of said Township as it relates to the activity contemplated by this Permit Application.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate. I hereby consent to the Township Staff and/or any Township Official permission to access this property to review the accuracy of the information submitted. I have attached required permits from other agencies.

Signature of Applicant

Date

ZONING ADMISTRATOR REVIEW

Temporary Use Permit: Approved Disapproved Expires: _____

Signature of Zoning Administrator

Permit Number

Date