

**CITY OF LUDINGTON
BUILDING AND ZONING DEPARTMENT
400 S HARRISON ST LUDINGTON, MI 49431
PHONE: (231)843-2956 FAX: (231)845-1146**

APPLICATION FOR A TEMPORARY USE PERMIT

APPLICANT: _____ **OWNER:** _____

ADDRESS: _____ **ADDRESS:** _____

LEGAL

DESCRIPTION: _____

ZONING: _____

PROPOSED USE IN DETAIL _____

APPLICANT'S SIGNATURE _____ **DATE:** _____

.....
OFFICE USE

TEMPORARY USE: _____ **APPROVED** _____ **DENIED**

COMMENTS:

ZONING ADMINISTRATOR _____ **DATE** _____