

SPECIAL USE PERMIT AFFIDAVIT

Being first duly sworn, _____ say and depose as follows:

1. _____ (Owner) owns certain lands and premises in Peninsula Township, Grand Traverse County, Michigan, more fully described on attached Exhibit A ("Land").

2. On _____, the Township Board of Peninsula Township approved Special Use Permit # _____, which permits the development of Land as a _____ in accordance with the terms and conditions of the Special Use Permit.

3. All future development of Land has been authorized and required to be carried out in accordance with the approved Special Use Permit unless an amendment thereto is duly adopted by the Township upon the request and/or approval of _____ (Owner) or their transferee and/or assigns.

6. This affidavit is made as required by Section 8.3.7 of the Peninsula Township Zoning Ordinance.

Signed at Traverse City, Michigan on _____ 20 ____.

In The Presence of:

As to Land:

(Owner)

STATE OF MICHIGAN)
) Ss.
COUNTY OF GRAND TRAVERSE)

The foregoing affidavit was sworn to, signed, and acknowledged before me on _____ 20 ____, by _____ of

_____.

Notary Public,
Grand Traverse County, Michigan
Commission expires: _____

Drafted By:
AFTER RECORDING, PLEASE RETURN TO DRAFTER