CITY OF MUNISING
REQUEST FOR INTERPRETATION*

Applicant_____

Street/Box_____

City_____

State/Zip_____

Daytime Phone_____

For Zoning Administrator Use Only

File #_____
Date_____
Receipt #_____
Tax Code #_____
Fee Paid_____

* See Section 303 and 1401.

Applicant's interpretation of applicable section(s) of the zoning ordinance_____

_____

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_____

Statement of circumstances generating this request for interpretation_____

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Applicable section(s) of the zoning ordinance_____

_____

Attached exhibits: (List)_____

_____

_____

_____ Date

_____ Signature of Applicant

(Continued on Reverse)