

**TOWNSHIP OF LAKE  
HURON COUNTY, MICHIGAN  
PO BOX 429  
CASEVILLE, MI 48725  
989-856-4867/989-856-9710 (Fax)  
(Located at 4988 W Kinde Rd)  
www.laketownship.net**

**APPLICATION FOR TEMPORARY USE PERMIT**

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 Township 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: \_\_\_\_\_