



12803 S. Wacousta Rd., Grand Ledge, MI 48837
517-626-6593
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SPECIAL USE PERMIT TRANSFER REQUEST

Special Use Permit No: _____ Permit Address _____

Previous Permit Holder Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

New Permit Holder Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

E-mail Address: _____

I acknowledge that I have received a copy of the current restrictions for the operation of this Special Use Permit and agree to operate this special use within the limits specified on this permit.

New Permit Holder Signature Print Name Date

Zoning Administrator's Signature Print Name Date