



Community Development Department
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 delhitownshipmi.gov

PLANNING & ZONING

SUP
 TRANSFER
 REQUEST

SPECIAL USE PERMIT TRANSFER REQUEST

DATE STAMP

SPECIAL USE PERMIT #:	PERMIT ADDRESS:
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PREVIOUS PERMIT HOLDER NAME:

Business Name:

Address:	City:	State:	Zip:
Ph:	Email:	Fax:	

NEW PERMIT HOLDER NAME:

Business Name:

Address:	City:	State:	Zip:
Ph:	Email:	Fax:	

NEW BUSINESS NAME:

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.

Business Owner's Signature

Print Name

Date

FOR OFFICE USE ONLY

Zoning Administrator's Signature

Print Name

Date