



CITY OF MADISON HEIGHTS
 COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
 TEMPORARY USE APPLICATION

I. APPLICANT INFORMATION

Applicant Lowes of Madison Heights
 Address 434 W. Twelve Mile
 City Madison Heights State MI ZIP 48071
 Interest in Property (owner, tenant, option, etc.) Tenant / management
 Contact Person Vita Biondo of Val Servotic
 Telephone Number 248-629-3541 Email Address Vita.R.Biondo@store.lowes.com

II. PROPERTY INFORMATION

Property Address 434 W. Twelve Mile
 Tax ID 44-25-11-476-015^{ma} Zoning District MU1-2
 Owner Name (if different than applicant) _____
 Address Madison Heights
 City _____ State _____ Zip _____
 Telephone Number 248-629-3541 Email Address Vita.R.Biondo@store.lowes.com

III. TEMPORARY USE INFORMATION

Type of Temporary Use Temporary Outdoor Display/Sales Special Event
 Seasonal Sales Lot Other _____

Explanation of Proposed Temporary Use Storing mulch, dirt etc on side of building

Dates of Operation March 2025 - 10-31-2025
 Hours of Operation 6-10pm
am

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Additional Submittal Requirements:

- A detailed description of the temporary use, including anticipated dates and hours of operation, employees, anticipated visitor numbers, etc.
- Letter of authorization from all property owners authorizing agent to act as applicant, where applicable.
- A sketch plan (to scale) containing all required information contained in Section 15.08 of Zoning Ordinance.

IV. APPLICANT CERTIFICATION

I (we) the undersigned do hereby apply to the City of Madison Heights for review and approval of the above-described Temporary Use application. Applicant(s) and the property owner(s) do hereby consent to city staff to assess the property for purposes of evaluating the site for requested action(s).

Printed Name Vita Bionelo Signature [Handwritten Signature] Date 3-3-25

V. PROPERTY OWNER CERTIFICATION

IF YOU ARE NOT THE PROPERTY OWNER, YOU MUST HAVE THE PROPERTY OWNER PROVIDE A NOTARIZED SIGNATURE, BELOW, OR PROVIDE A NOTARIZED LETTER OF AUTHORIZATION OR NOTARIZED POWER OF ATTORNEY AUTHORIZING YOU TO ACT ON THEIR BEHALF

Printed Name _____ Signature _____ Date _____

Notary for Property Owner:

Notary Stamp

Subscribed and sworn before me, this ___ day of _____, 20__.

A Notary Public in and for _____ County, Michigan.

Notary Name (Print): _____

Notary Signature: _____

My Commission Expires: _____

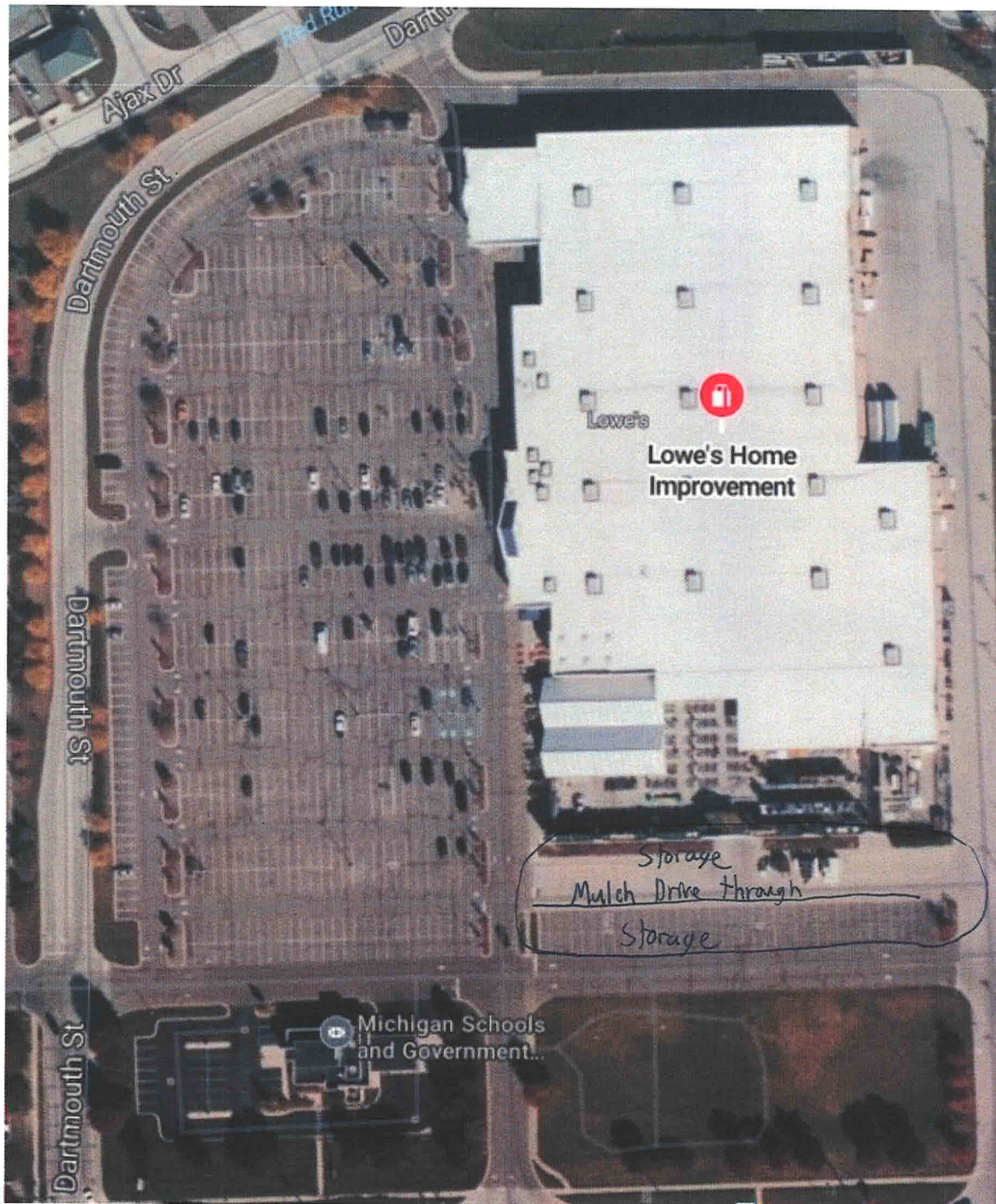
STAFF USE ONLY
[DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE \$ _____

TEMPORARY USE PERMIT # _____

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____



Mulch Storage