
APPLICATION FOR SPECIAL USE PERMIT

Submit three (3) copies of completed application and all required materials to the Township

Applicant(s) Information

Name _____

Address _____

Telephone Number _____

Interest in the Subject Property _____

Owner Information

(If different from applicant, include owner-signed consent to, and certification of, application)

Name _____

Address _____

Telephone Number _____

Address of Subject Property: _____

Parcel Identification Number: _____

Legal description (attach copy if necessary): _____

Current Zoning: _____

Use For Which Permit Is Requested: _____

Zoning Ordinance Section Authorizing Special Use Requested: _____

Applicant requests that the Planning Commission hold a public hearing to consider this Special Use Permit Application: [] Yes [] No

In addition to completing this application form, before the Planning Commission will consider the application for special use permit applicant(s) must attach the following to this application:

- Completed Zoning Compliance Permit Application
- Completed Application for Site Plan Review
- Supporting material, exhibits and information that will support a finding of the following criteria (Section 19.05 of the Zoning Ordinance):

1. Use will be consistent with and in accordance with the objectives and goals of the Edenville Township Master Plan and Zoning Ordinance. _____

2. Use will not be hazardous, disturbing, or adversely affect neighboring lands; produce, create, or result in more traffic, noise, vibrations, dust, fumes, odor, smoke, glare, lights, or disposal of waste than permitted uses in the district; or increase hazards to the subject property or neighboring lands. _____
3. Use will not change the essential character of the surrounding area, disrupt the orderly and proper development of the zoning district as a whole, or conflict with or discourage the permitted uses of the adjacent lands or buildings. _____
4. Use will be compatible with, and will not adversely affect, the natural environment. _____
5. The capacity of local utilities and public services is sufficient to accommodate all the uses permitted in the requested district without compromising the health, safety, and welfare of Edenville Township residents, including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district. _____
6. Use will be compatible with soil erosion and sedimentation control requirements and groundwater protection management provisions of local, state, and federal laws. _____
7. Use will be compatible with all relevant provisions of the Zoning Ordinance, including supplementary provisions for buildings, structures, uses, lots, yards, and premises, and specific provisions for zoning district. _____

Applicant(s) Certification:

Applicant(s) acknowledge(s) that the information submitted in and with this application is true and correct to the best of his or her knowledge.

Applicant _____ Date: _____
Signature(s) _____
_____ Tel. No: _____

Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Edenville Township Ordinance, and the authority to act on behalf and bind any business, company, or corporation (if applicable), notwithstanding the signature or approval of any Township employee(s) or official(s) and that Edenville Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Edenville Township Ordinance.

Applicant _____ Date: _____
Signature(s) _____

EDENVILLE TOWNSHIP,
MIDLAND COUNTY, MICHIGAN

APPLICATION DATE. _____

PERMIT NO. _____

THIS SECTION TO BE COMPLETED BY EDENVILLE TOWNSHIP

Fee Received: \$ _____

Date: _____

Escrow Deposit: \$ _____

Date: _____

Date of Public Hearing, if requested: _____

Date of Publication: _____

Date of Mailing: _____

On _____, 20____, the Edenville Township Planning Commission:

[] Approved the special use permit for the following reason(s): _____

[] Approved the special use permit subject to the following conditions: _____

[] Denied the special use permit for the following reason(s): _____

Planning Commission Chair

Date: _____

Zoning Enforcement Officer

Date: _____

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

Applicant

Zoning Enforcement Officer

Planning Commission Chair

Township Clerk