

Property Number: _____
Date: _____
Name: _____

OFFICE USE ONLY

Date Rec'd: _____ Fee Rec'd: _____ Receipt or Check #: _____ Hearing Date: _____
Return Date: _____ ZA Approval: _____ Secretary Approval: _____

ALGANSEE TOWNSHIP – PLANNING COMMISSION
Application for

Special Use Permit: AG Agriculture ; R1 Lake Residential ; R2 Urban Residential ;
R3 Multi-family Residential ; C1 Commercial ; I1 Industrial ;
Rezoning Application ; Other-_____

Applicant: _____	Property Owner: _____
Address: _____	Address: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-mail: _____	E-mail: _____

***Applicant or a Representative MUST attend the Planning Commission meeting for this application.**

Applicant's Capacity, if NOT the Property Owner (check one):

Builder , Have option to purchase , Agent , or Other (explain): _____

Proposed Construction Site Address (if known): _____

Proof of Ownership Showing Legal Description of Property: Attach a Copy of Current Tax Bill , and a Purchase Agreement if applicable (*check item/s attached*)

- a. Attach a legal description for the area you want changed if it is different from the above legal description.

Property Number: _____-_____-_____-_____-_____

Zoning District (see Zoning Ordinance): _____

Attach a drawing showing the following:

- a. Property with dimensions, road names and directional arrows.
- b. All existing buildings with distances from building to building and buildings to property lines.
- c. Proposed structure showing dimensions of structure, distances to property lines and distances to surrounding buildings.

Action Requested:

It is requested that the Alganssee Township Planning Commission approve a (check one)

Special Use Permit or Rezoning for the land described above for the purpose of (state specifically the reason for this permit request):

(____ additional pages attached to complete answer)

Cite section and list number where proposed use is specifically listed as allowed in the Zoning District:

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

State specifically the reason for this special use permit request: _____

(____ additional pages attached to complete answer)

Provide answers to the following Questions on an additional sheet. Please number the answers the same as they are numbered here. If the answer to any of the questions is “no”, a Special Use Permit can NOT be issued from section 18.03 of the Zoning Ordinance. For question 5-a through 5-k write N/A when not applicable.

1. Is the use reasonable and designed to protect the health, safety, and welfare of the community?
2. Is the use consistent with the intent and purpose of the Zoning District and the Master Plan?
3. Is the use compatible with adjacent land uses?
4. Is the use designed to insure that public services and facilities are capable of accommodating increased loads caused by the land use or activity?
5. Does the use comply with all other general and specific standards of the Zoning Ordinance, the respective district, and general provisions of the Zoning Ordinance?
 - a. yard setbacks
 - b. vehicle access, roads, parking regulations
 - c. aesthetics, signs regulations
 - d. structure regulations: size and height
 - e. dwelling/residential standards; size and height
 - f. other special purpose regulations
 - g. specific special use standards for the proposed use
 - h. specific standards and regulations for the particular land use district the project is located in
 - i. specific standards and regulations for an overlay district the project is located in

ATTACH 10 COPIES OF A SITE PLAN, as specified in Zoning Ordinance Chapter 18, section 18.02 number 7.

ADDITIONAL INFORMATION THAT MUST BE PROVIDED IF APPLYING FOR A SPECIAL USE PERMIT:

1. Attach a copy of all deed restrictions for the property in question.
(____ additional pages attached to complete answer)
2. List names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the property in question.
(____ additional pages attached to complete answer)
3. This area is (check one): unplatted platted will be platted
If platted, name of plat: _____
4. What is the present use of the property? _____
(____ additional pages attached to complete answer)

Cost of the hearing will be stated by the approved cost list that is established by the Alganssee Township Board. Cost of the hearing is payable prior to the hearing being scheduled. Payment of the hearing cost DOES NOT guarantee approval by the Planning Commission or the Township Board.

If approved, then an additional fee will be required for the Zoning Permit and will be required before construction begins. There may be other County, State, and Federal permits required but it is your responsibility to acquire these through the appropriate agency, NOT Algansee Township.

All applicants or their designee are required to attend all public hearings and meetings related to this request. Failure to attend these meetings may result in the forfeiture of all fees and may require you to reapply by filing a new application.

When completed, contact the Algansee Township Zoning Administrator. This application along with the Check List, ALL documentation and payment for Hearing cost must be returned to the Zoning Administrator before any Hearing dates can be scheduled. It is suggested that you make copies of the application and all attached paperwork for your files.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Zoning Permit that may be issued may be voided. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Algansee Township Zoning Ordinance will be complied with. Further, I agree to notify the Zoning Administrator of Algansee Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Algansee Township, the County of Branch and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a Zoning Permit application, NOT a permit and that a Special Land Use Permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

NOTARY

Signature of Applicant: _____
Signature of Deed Holder, if not Applicant: _____
Subscribed and sworn before me; Signature: _____
This _____ day of _____ 20____ Name of Notary: _____
County of _____ My Commission Expires: _____

PLEASE COMPLETE THE FOLLOWING CHECK LIST
Information from the Application

From page 1 of Special Use Permit Application:

	Answered on Application	Answered on Attached Page	Number of Pages Attached
Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawing of Property	<input type="checkbox"/>	<input type="checkbox"/>	_____
Action Requested	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reason for Special Use Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____

From page 2 of Special Use Permit Application:

Item 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 4	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5a	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5b	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5c	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5d	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5e	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5f	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5g	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5h	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 5i	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Copies of Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information

Item 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item 4	<input type="checkbox"/>	<input type="checkbox"/>	_____

List any additional if needed:

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Provide the Following Data:

- A. The legal seating and/or sleeping capacity of all buildings and structures, and the number of employees.
- B. A concise statement of all operations and uses which will be conducted on the land and buildings.
- C. A concise statement of all services, if any, to be offered to the public.
- D. Information concerning the intensity of use, including hours and times of operation and use, and the density of population, which will occupy and use the land use.
- E. Information concerning the generation of traffic and traffic movements.
- F. Information concerning the requirements of the Special Land Use for public services and utilities, including the number of water system hook-ups, generation and disposal of solid and liquid waste, and the amount of fresh water to be consumed.
- G. The amount of soil, dirt, sand, or gravel to be excavated and removed from the site, or the amount and composition of all fill to be placed on the site.

Additional Information:

- H. Attach or list all Deed restrictions for the property in question
- I. Attach a list of names and addresses of all other persons, firms or corporations having a legal or equitable interest in the property in question.
- J. This are is unplatted, platted, will be plated (check one). If platted, name of plat: _____
- K. What is the present use of the property? _____
- L. Estimated completion date of construction, if applicable? _____

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In addition to information from the Application

PLEASE COMPLETE THE FOLLOWING CHECK LIST

	Answered on Application	Answered on Attached Page	Number of Pages Attached
Item A	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item C	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item D	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item E	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item G	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item H	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item I	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item J	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item K	<input type="checkbox"/>	<input type="checkbox"/>	_____
Item L	<input type="checkbox"/>	<input type="checkbox"/>	_____
List any additional if needed:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____