

Office Use Only:

Case No. _____

Fee paid _____

Date _____

Applicant _____

APPLICATION FOR SPECIAL USE PERMIT

TO: Ingham Township Zoning Board, Ingham County, Michigan

FROM: Applicant's Name _____ Phone _____

Address _____

Please complete in accordance with Article Five: Special Use Permits of the Ingham Township Zoning Ordinance and submit with supporting documents to the Township Clerk.

A. Property information.

1. Property Description _____

2. Address of Property _____

3. Present Zoning of Property _____

4. Proposed Use of Property _____

5. Requested Duration of Permit _____

6. Estimated Completion Date of Construction (if applicable) _____

B. Site plan, plot plan, or development plan, drawn to a readable scale, of the total property involved showing location of all abutting streets, the location of all existing and proposed structures, the types of buildings and their uses. Also include lot dimensions with proposed setbacks and yards; location, size, and number of off-street parking spaces if applicable; and other information requested in the pertinent sections of the Ordinance. Attach to this application.

C. Preliminary plans and outline specifications of the proposed development, if applicable.

D. Statement with supporting evidence regarding the required findings specified in Section 501.3.

E. Other information requested/supplied (list and attach) _____

F. Affidavit. The undersigned affirms that he/she is (they are) the _____ (specify: owner, lessee, or other interest) involved in this petition, and that the foregoing and attached answers, statements, and/or other information are in all respects true and to the best of his/her/their knowledge, correct.

Signed _____ Phone _____ Date _____

Signed _____ Address _____

Signed _____

G. Official action.

Ingham Township Zoning Board: Date Received _____

Type of Action Taken _____

Date of Public Hearing _____ Date of Advertising _____

Secretary

Ingham Township Board: Date Received _____

Ingham Township Board: Date Received _____

Type of Action Taken _____

Financial Guarantee Required _____ Type _____

Amount _____ Date Received _____

Permit Granted for the Period of _____

Conditions and Safeguards of Permit _____

Township Clerk