

Filing Fee: \$500.00

Revised: 04-07-05

Stockbridge Planning Commission
Special Use Application
Stockbridge Township
P.O. Box 565 Stockbridge Mi. 49285
Phone: (517) 851-7658, Fax: (517) 851-7530

Permit #: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Note: The total cost for the request of a Special Use is the responsibility of the requestor. The special use request, at times, will exceed the deposited amount. The requestor will be responsible to pay the exceeded amount due, prior to the meeting. Any and all funds in excess of the total cost of request, will be returned to the applicant.

Required Documents and Information needed for a Special Use Permit Review:

- 1. Property Information: (where special use is being requested)
a. Land Survey with property description.
b. Parcel Tax ID Number and Section Number where property is located
c. Current Zoning of Property, identified as requesting special use permit
d. Site Plan showing current buildings, utility right of ways, well and septic, set backs: (from road-right of way, side property lines and rear property line) or any improvements that would be helpful in the process of the review.
2. Special Use information:
a. Reason requesting a special use permit. (Attach an explanation in detail)
b. Proposed Site Plan showing new development, which requires a special use permit. (Attach six (6) copies).
c. Is the requested project a permitted use (by approval of a special use permit) in the current existing zoning district? If so, please state the Article, Section Number and paragraph in the Stockbridge Zoning book that pertains to this request.
d. Attach any and all documents, (other than what has been requested above) that you feel would help explain the reason for the request of this special use permit. Examples: County Drain Commission (soil erosion), Health Department, County Road commission etc...

The undersigned affirms that he/she/they are the specified owners, lessees, or representatives involved in this petition, and that the foregoing answers, statements, and information in all respects are true and to the best of his/her/their knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application and Fee to the above address in care of Mary Wilson "Township Clerk"

Official Action Taken

Dates:

Application & Fee received Advertiser in paper Public Hearing Return to Clerk from PC

Planning Commission Action: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ (Reason for denial see attached)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Planning Commission Chairman or Designee

Township Board's Action: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ (Reason for denial see attached)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Township Clerk