



# PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460

Telephone 616-399-6121 Fax 616-399-7173

[www.portsheldontwp.org](http://www.portsheldontwp.org) | [info@portsheldontwp.org](mailto:info@portsheldontwp.org)

## SPECIAL LAND USE APPLICATION

Submit at least 28 days prior to desired meeting to:

Port Sheldon Township

16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

TO THE PLANNING COMMISSION C/O ZONING ADMINISTRATOR. Application is hereby made pursuant to the provisions of the Zoning Ordinance:

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address of applicant \_\_\_\_\_

Address of subject property \_\_\_\_\_

Parcel number of subject property \_\_\_\_\_ Zoning \_\_\_\_\_

Applicant's interest in property \_\_\_\_\_

Name of owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of owner \_\_\_\_\_

Present use of structure/property \_\_\_\_\_

Proposed use of structure/property \_\_\_\_\_

Size of existing/proposed structure \_\_\_\_\_

Description of existing/proposed structure \_\_\_\_\_

Describe the nature of your request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there has been a previous request involving this structure/property, state date, character and outcome of request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant/owner/agent (circle one) and date

### FILING FEE \$1000.00\*

\*Requires escrow account for \$1500.00 to offset additional engineering, planning, or legal costs incurred by the township per application. If the amount held in escrow becomes less than 10% of required amount, then funds shall be added to at least the originally required amount. Unused funds shall be returned to the applicant.

**A SITE PLAN AND BUILDING PLANS MUST BE SUBMITTED WITH THIS APPLICATION**