

SPECIAL LAND USE APPLICATION

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*

*(Plus) fees for required engineering, planning or legal fees incurred by the township to offset township expenses. Applicant billed for any additional expenses. The township Supervisor would have the option of requiring an escrow account if deemed necessary. The applicant can appeal to the township board the plus fees that could be changed or waived by majority vote.

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