

**Green Township**

2650 Calcut  
Lachine, MI 49753

**Phone:** (989) 379-2398

**Fax:** (989) 379-2308

**SPECIAL USE ZONING PERMIT APPLICATION**

**Office Use Only:**

Case #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Planning Commission:

Action: \_\_\_\_\_

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

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

**GENERAL INFORMATION:**

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE (HOME):** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE (BUSINESS):** \_\_\_\_\_

**PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant):**

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):**

Builder      Have Option to Purchase      Agent/other \_\_\_\_\_

**PROPOSED CONSTRUCTION SITE ADDRESS (if known):**

\_\_\_\_\_

**PARCEL SIZE:** \_\_\_\_\_

**PROPERTY DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

**NEAREST INTERSECTION:** \_\_\_\_\_

**STREET FROM WHICH DRIVEWAY WILL ACCESS:** \_\_\_\_\_

**PARCEL DATA PROCESS (tax) NUMBER:** \_\_\_\_\_

**LIST ANY ADJACENT PARCELS UNDER THE SAME OWNERSHIP:** \_\_\_\_\_

**ZONING DISTRICT** (see zoning ordinance): \_\_\_\_\_

**ACTION REQUESTED:**

It is requested the Green Township Planning Commission approve issuing a Special Land Use permit for the land described above for the purpose of: \_\_\_\_\_

(attach sheets if necessary)  attached

Cite section and listing number where proposed use is specifically listed as allowed in the zoning district: \_\_\_\_\_

**PROVIDE THE FOLLOWING DATA:**

- A. A concise statement of all operations and uses which will be conducted on the land and buildings:  
\_\_\_\_\_
- B. A concise statement of all services, if any, to be offered to the public:  
\_\_\_\_\_  
\_\_\_\_\_
- C. Information concerning the intensity of use and hours and times of operation and use:  
\_\_\_\_\_  
\_\_\_\_\_
- D. Information concerning the generation of traffic and traffic movements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. 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:**

- A. Attach evidence of property ownership. ( attached)
- B. Attach or list all deed restrictions for the property at question. ( attached)
- C. Attach a list of names and address of all other persons, firms, or corporations having a legal or equitable interest in the property at question. ( attached)
- D. This area is \_\_\_ unplatted, \_\_\_ platted, \_\_\_ will be platted. If platted, name of plat: \_\_\_\_\_
- E. What is the present use of the property? \_\_\_\_\_
- F. Estimated completion date of construction (if applicable)? \_\_\_\_\_

**ATTACH 10 COPIES OF PLOT PLAN OR SITE PLAN**, as specified in Article 7 of the Green Township Zoning Ordinance.

(  attached)

**INDICATE ATTACHED SHEETS:**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> 1. Action Requested               | Number of pages ____ |
| <input type="checkbox"/> 2. Reason for Special Use         | Number of pages ____ |
| <input type="checkbox"/> 3. Evidence of property ownership | Number of pages ____ |
| <input type="checkbox"/> 4. Deed Restrictions              | Number of pages ____ |
| <input type="checkbox"/> 5. List of all owners             | Number of pages ____ |
| <input type="checkbox"/> 6. Plot Plan or Site Plan         | Number of pages ____ |
| <input type="checkbox"/> 7. _____                          | Number of pages ____ |
| <input type="checkbox"/> 8. _____                          | Number of pages ____ |

**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 void. 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 Green Township Zoning Ordinance will be complied with. Further, I agree to notify the Zoning Administrator of Green 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 Green Township, Alpena County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Further, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his/her selected agent. Finally, I understand this is a zoning permit application (not a permit) and that a zoning 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.

Signed: \_\_\_\_\_

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

***Upon finding that any condition, safeguard or requirement has been breached, the Planning Commission may automatically invalidate the Special Land Use approval.***

**Larry Sumerix – 657-4073**

When completed, return to:

Larry Sumerix  
Zoning Administrator  
14386 Alfalfa Road  
Lachine, MI 49753

**NOTE:** Property lines & locations of proposed uses must be marked on the ground before a permit will be issued unless not applicable.

Applicant must notify the Zoning Administrator when the property is marked and ready for inspection.