

ALLENDALE CHARTER TOWNSHIP

OTTAWA COUNTY MICHIGAN

Application for: SPECIAL LAND USE PERMIT

Please provide all information requested by typing or printing in ink. Answers should be clear and concise. If additional space is needed number and attach additional pages. An application will not be accepted unless accompanied by proper deposit. All information provided herein becomes public record upon submittal. Please submit twelve (12) copies of this application and all required documents. An application must be submitted at least 21 days but not more than 45 days prior to the meeting at which the application is to be considered.

1. APPLICANT INFORMATION

A. _____
APPLICANT'S NAME ADDRESS ZIP CODE

TELEPHONE (HOME & BUSINESS)

B. _____
OWNER(S) OF PROPERTY IF
DIFFERENT THAN APPLICANT ADDRESS ZIP CODE

TELEPHONE (HOME & BUSINESS)

2. PROPERTY INFORMATION

A. PRESENT ZONING CLASSIFICATION OF THE PROPERTY IS _____

B. PRESENT USE OF THE PROPERTY IS _____

C. LOT SIZE IN ACRES OR SQUARE FEET _____

D. LEGAL DESCRIPTION OF THE PROPERTY AFFECTED BY THIS
APPLICATION _____

E. PROPERTY ADDRESS _____

3. PROPERTY DESCRIPTION

A. DOES THE CURRENT ZONING DISTRICT ALLOW FOR THE LAND USE PERMIT APPLIED FOR _____ YES - _____ NO

B. STATE EXACTLY WHAT IS INTENDED TO BE DONE ON THIS PROPERTY

C. ALL APPLICATIONS FOR SPECIAL LAND USE PERMITS MUST SUBMIT A PRELIMINARY SITE PLAN AS REQUIRED BY ARTICLE 20 OF THE ALLENDALE TOWNSHIP ZONING ORDINANCE.

D. ALL PRELIMINARY SITE PLANS MUST INCLUDE ALL ITEMS AS SPECIFIED IN ARTICLE 24 OF THE ALLENDALE TOWNSHIP ZONING ORDINANCE AND ALL SITE PLANS REQUIRE SITE PLAN REVIEW AND APPROVAL BY THE ALLENDALE TOWNSHIP PLANNING COMMISSION.

E. DOES THE PROPOSED USE CONFORM TO THE REQUIREMENTS SET FORTH IN ARTICLE 23 FOR THE PARTICULAR LAND USE, IF APPLICABLE

YES _____ NO _____

IF YES, ENCLOSE A STATEMENT OR INFORMATION NECESSARY TO INDICATE HOW THE PROPOSED USE WILL CONFORM TO ARTICLE 23.

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(FOR OFFICE USE ONLY)

DATE THE NOTICES WERE SENT _____

DATE OF THE PUBLIC HEARING _____

RESULTS OF THE PUBLIC HEARING _____ APPROVED - _____ NOT APPROVED

DATE RESULTS SENT TO APPLICANT _____

APPLICATION # _____
DATE RECEIVED _____
FEE _____
DATE PAID _____