

ESTABLISHED 1835



# Special Use Permit Application Form

- 18027 Old US 12 • Chelsea, MI 48118 • (734)475-8890 • FAX (734)475-8905
- www.sylvantownshipmi.gov

Staff Use Only	Property Address:	
Fee:	Planning Commission Number:	Application Date:

**1. Record Owner(s):**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2. Authorized Agent(s):**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**3. Property Address** \_\_\_\_\_

**4. Zoning District** \_\_\_\_\_ **5. Tax Identification Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**6. Project Description: Summary (Please use separate page for detailed project description):**

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**7. Proposed Use :** \_\_\_\_\_

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**8. Estimated date of construction or operation:** \_\_\_\_\_

**9. Items Required: (Please check items submitted)**

- \_\_\_\_\_ A. Special Use Permit Application filled out completely and signed.
- \_\_\_\_\_ B. Detailed description of the proposed use. This description should include items such as but not limited to the hours of operation, the number of employees, the areas of the property that will be used, any machinery that will be used, etc....
- \_\_\_\_\_ C. Site Plan
  - Address of the property, scale, date, and north point.
  - Location, shape and dimensions of the lot.

- Outline and dimensions of all existing and proposed structures, areas of use, wells, septic tanks and drain fields.
- Setbacks of all existing and proposed structures and use areas to all property lines.
- A clear description of existing and intended uses of all structures and areas of the property.
- Lot size and square footage calculations of the existing and proposed buildings and use areas.
- Additional information as required by the zoning inspector for purposes of determining compliance with this chapter.

\_\_\_\_\_D. Fee \$900 plus deposit of \$2,500 for consulting fees (attorney, engineering and planning)<sup>1</sup>

\_\_\_\_\_E. Additional Information including but not limited to (if necessary)

- Driveway Permit
- Sewage Permit
- Well Permit
- Other information necessary to determine compliance with the zoning regulations.

**10. Certification and Signature of Applicant and/or Owner:**

*I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any special use permit grants only that which was represented to the Planning Commission at the Public Hearing. No other use may be substituted without a rehearing.*

\_\_\_\_\_/\_\_\_\_\_  
Signature of Owner/Date<sup>2</sup>

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant /Date

**Staff Use Only**

<sup>1</sup> Billing will be sent on a monthly basis as costs are incurred. The remainder of the deposit will be returned when the project is complete and the fees have been paid in full. The \$900 fee entitles you to one public hearing if additional public hearing are determined necessary by the Planning Commission and the cause for the hearing are due to inadequate information provided or additional information needed a resubmittal fee of \$400 dollars will be charged to the applicant.

<sup>2</sup> The owner’s signature is required. If the owner does not sign this document a letter of owner’s authorization is required. This authorization letter should state that the owner has allowed the applicant to apply for the special use permit. This authorization letter needs to be signed and dated by the property owner.

**Special Use Permit**

**PC - \_\_\_\_\_**

Notice Date      /      /		Hearing Date      /      /	
Continued Date      /      /			
Decision:	Approve		
	Deny		
	Approve w/Conditions		
List of Conditions:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Zoning Administrator _____	Date      /      /		