

## Casnovia Township Offices

245 South Canada Rd. / Casnovia, MI 49318

#### REQUEST FOR SPECIAL LAND USE PERMIT

An Application for any special use permit shall be made to the Zoning Administrator by (1) filling in the official Special Use Application form, which, if approved becomes the Special Use Permit, (2) submitting required data, exhibits, and information, and (3) depositing the necessary fee in accordance with the Township schedule of fees. If the application is complete, the Zoning Administrator refers the application to the Planning Commission with a file copy to the Township Clerk. Special Land Uses Permit which also require site plan review and approval must be submitted and noticed simultaneously under the Ordinance. Be advised that the applicant must comply with Section 17, 18, and 19 of the Zoning Ordinance when applying for a Special Land Use Permit. As a courtesy, a Section 17.06 has been attached to this application for the applicant's review:

In a hearing on a request for any special exception use, the Casnovia Township Planning Commission shall be governed by the general criteria contained in Section 17.06 of the Zoning Ordinance:

- (a) Will be harmonious with and in accordance with the general objectives or with any specific objectives of the zoning ordinance;
- (b) Will be designed, constructed, operated and maintained so as to be harmonious and appropriate in appearance with existing or intended character of the general vicinity and that such a use will not change the essential character of the same area;
- (c) Will not be hazardous or disturbing to existing or future neighboring uses and will not cause disturbing emission of electrical discharges, dust, lights, vibrations, or noise;
- (d) Will be served adequately by existing essential public facilities and services; such as highways, streets, police and fire protection, drainage structures, refuse disposal or schools; or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such service;
- (e)Will not create additional requirements at public cost for public facilities and services, and will not be detrimental to the economic welfare of the Township;
- (f) Will not involve uses, activities, processes, materials and equipment and conditions of operation that will be detrimental to any persons, property or the general welfare by reason of excessive production of traffic, noise, smoke, fumes, glare, odors, or require outdoor storage of raw materials or discarded materials produced in the use processes;
- (g) Will be consistent with the intent and purposes of this Ordinance;
- (h) Whether a hazard to life, limb, or property caused by fire, flood, erosion or panic may be created by reason or as a result of the use, or by the structures to be used therefor, or by the inaccessibility of the property or structures, thereon for the convenience of entry and operation of fire and other emergency apparatus or by the undue concentration or assemblage of persons upon such plot;
- (i)Whether the use, or the structures to be used therefore will cause an overcrowding of land or undue concentration of population;
- (j)Whether the plot area is sufficient, appropriate and adequate for the use and the reasonable anticipated operation and expansion thereof.

The Casnovia Township Planning Commission shall study the plan, shall provide the required notice of public hearing; and shall in accordance with the Zoning Ordinance either within forty-five (45) days of the filing date, recommend approval; approval with conditions or denial of the special exception use and site plan (if required) to the Township Board. Please review Section 17 of the Zoning Ordinance to better understand the specific requirements of the review process. If a site plan is disapproved by the Casnovia Township Board, the applicant is required to wait one (1) year before re-submittal on the same or similar site plan for review and approval consideration concerning the same parcel of land. Upon final approval of the Special use and Site Plan, the Zoning Administrator shall issue a Special Use Zoning Permit to the applicant, which is valid for one (1) year from the date of issuance.



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#### APPLICATION FOR SPECIAL USE PERMIT

(Per Zoning Ordinance, Article 17)

An application to submit an Affidavit of Special Land Use Non Refundable Application fee for required Public Hearing:

Important Notice to Applicants: A minimum of eight (8) copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. If additional space is needed, number and attach additional sheets. The application must be completed in full and appropriate application fees paid before hearing date will be set.

<u>Name</u>	Stre	eet Address	<u>Citv/State/Zip Code</u>
1) APPLICANT			
2) LANDOWNER		(	if different than applicant)
3) APPLICANT'S INTEREST IN	N PROPERTY (check one): $\Box$ Ow	vner $^{\square}$ Lessee $^{\square}$ Buy Option	$\square$ Other/Specify:
4) PROPERTY INFO: Street A	ddress:		<u> </u>
Tax Parcel #:			
Deed Restrictions on Prop	erty (Check one): o Yes o No	o Acreage:	
Is Property in a (check if "	yes"): o platted or o condom	ninium subdivision?	
Subdivision Name (if appli	cable):		
Present use:			<u>.</u>
	We are applying f he Casnovia Township ordina		wed in Section,
supporting the application	as set forth in the Zoning Ordina	ance, including the requireme	ata, exhibits, information and evidence ents for site plan view, per Section 19 and th ves as the Application for a Zoning Permit.
6) Describe the proposed	d Operation <u>:</u>		
7) Describe how the follo	owing will be affected by the	he proposed operation:	
Traffic Congestion:			
Noise:			

Glare:	
Air Pollution:	
Land Pollution:	
Fire or Safety Hazards:	
Emission of potentially harmful or obnoxious matter or radi	ation:
8) How will sewage and waste be treated:	
(The Planning Commission may request engineering and architenecessary).	ctural plans of the treatment and disposal of sewage if it deems it
9) List the number of employees and shifts you forese	ee in this operation:
10) Please explain why you think this proposed project	t should be approved?
AFFIDAVIT: I (we) the undersigned affirm that the foregoing answerespects true and correct to the best of my (our) knowledge and be Special Land Use Permit applied for, if granted, is issued on the rep Zoning Permit or Building Permit subsequently issued may be revoluted because of the lack of continued conformance with zoning ordinan Administrator, Building Official, Inspectors, Township Officials, Hea Administrator to enter the property for the purposes of conducting available for inspection upon request of a township official identification.	elief. I (we) the undersigned understand that the Affidavit of the presentations made herein and that the Special Land Use Permit, ked because of any breach of representations or conditions, or use requirements. I (we) the undersigned authorize the Zoning with Department, and any other person authorized by the Zoning inspections for compliance. We will make the building, if any, and herein on 24 hours' notice. Failure by the undersigned to permit an Permit or Building Permit being denied, or immediate termination of
Applicant Signature(s) Date	Property Owner's(s) Signature(s)  Output  Date

### MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES

This application must be returned with a payment (check) for all applicable fees to the following address:

Zoning Administrator Casnovia Township 245 Canada Rd.

Casnovia, MI 49318-3-9618

Telephone: 616-675-4064

Fax: 161-675-5611

Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Casnovia Township"

#### SPACE FOR TOWNSHIP USE ONLY

Application I	Number:	Ta	ax Parcel #:	
Date(s) Rece	ived:			
Date of Plann	ing Commiss	ion meeting:		
Applicant notified:			Ву:	
Date Noticed for Public Hearing:			By: _	
To adjoining property owners within 300 feet:			Ву: _	
Fees Paid:	Date	Amount	Check #	Receipt #
Escrow Fees Paid:	Date	Amount	Check #	Receipt #
Date:			-	
Action Taken by				
Other Comme	ents:			