



# PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460

Telephone 616-399-6121 Fax 616-399-7173

[www.portsheldontwp.org](http://www.portsheldontwp.org) | [info@portsheldontwp.org](mailto:info@portsheldontwp.org)

## SPECIAL LAND USE APPLICATION

Submit at least 28 days prior to desired meeting to:

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**