Application Date: _____
Permit No. _____
Fee: _____$400_____
Fee Paid: _____

APPLICATION FOR SPECIAL USE PERMIT

Mt. Haley Township
Midland County, Michigan

Submit completed application and all required materials to the Township

Applicant(s) Information
Name_____
Address _____
Telephone Number _____Email_____
Interest in the Subject Property_____

Owner Information *(If different from applicant, include owner-signed consent to, and certification of, application)*
Name_____
Address _____
Telephone Number _____Email_____
Address of Subject Property: _____

Parcel Identification Number:
_____

Legal description *(attach copy if necessary)*:_____
_____

Current Zoning: _____

Use For Which Permit Is Requested:_____

Zoning Ordinance Section Authorizing Special Use Requested: _____

Applicant requests that the Planning Commission hold a public hearing to consider this Special Use Permit Application: [ ] Yes [ ] No

In addition to completing this application form, before the Planning Commission will consider the application for special use permit applicant(s) must attach a copy of the site plan for review.

Be advised that the Planning Commission will use the following criteria for review:

1. Use must be consistent with and in accordance with the objectives and goals of Mt. Haley Township Master Plan and Zoning Ordinance.

2. Use will not be hazardous, disturbing, or adversely affect neighboring lands; produce, create, or result in more traffic, noise, vibrations, dust, fumes, odor, smoke, glare, lights, or disposal of waste than permitted uses in the district; or increase hazards to the subject property or neighboring lands.

3. Use will not change the essential character of the surrounding area, disrupt the orderly and proper development of the zoning district as a whole, or conflict with or discourage the permitted uses of the adjacent lands or buildings.

4. Use will be compatible with, and will not adversely affect, the natural environment.

5. The capacity of local utilities and public services is sufficient to accommodate all the uses permitted in the requested district without compromising the health, safety, and welfare of Mt. Haley Township residents, including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district.

6. Use will be compatible with soil erosion and sedimentation control requirements and groundwater protection management provisions of local, state, and federal laws.

7. Use will be compatible with all relevant provisions of the Zoning Ordinance, including supplementary provisions for buildings, structures, uses, lots, yards, and premises, and specific provisions for zoning district.

Applicant(s) Certification:

Applicant(s) acknowledge(s) that the information submitted in and with this application is true and correct to the best of his or her knowledge.
Applicant Signature(s) _____ Date:_____

Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Mt. Haley Township Ordinance, and the authority to act on behalf and bind any business, company, or corporation (if applicable), notwithstanding the signature or approval of any Township employee(s) or official(s) and that Mt. Haley Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Mt. Haley Township Ordinance.

Applicant Signature(s) _____ Date:_____

THIS SECTION TO BE COMPLETED BY MT. HALEY TOWNSHIP

Fee Received: $_____ Date: _____

Escrow Deposit: $ _____ Date: _____

Site Plan Received: YES ☐ Date _____

Date of Public Hearing: _____

Date of Publication: _____

Date of Mailing: _____

On _____, 20___, the Mt. Haley Township Planning Commission:

[ ] Approved the special use permit for the following reason(s):

_____

_____

[ ] Approved the special use permit subject to the following conditions:

_____

_____

_____

[ ] Denied the special use permit for the following reason(s):

_____

_____ _____

Planning Commission Chair _____ Date: _____

Zoning Enforcement Officer _____ Date: _____

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

Applicant	☐	*Planning Commission Chairman*	☐
Zoning Enforcement Officer	☐	*Township Clerk*	☐