DALLAS TOWNSHIP, CLINTON COUNTY, MICHIGAN

APPLICATION DATE._____

PERMIT NO. _____

APPLICATION FOR SPECIAL USE PERMIT

Submit three (3) copies of completed application and all required materials to the Township

Applicant(s) Information					
Name					
Address					
Telephone Number					
Interest in the Subject Property					
Owner Information					
(If different from applicant, include owner-signed consent to, and certification of, application)					
Name	,				
Address					
Felephone Number					
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					
n addition to completing this application form, before the Planning Commission will consider the application for special use permit applicant(s) must attach the following to this application:	2				
Completed Zoning Compliance Permit Application					
□ Completed Application for Site Plan Review					

- □ Supporting material, exhibits and information that will support a finding of the following criteria (Section 11.05 of the Zoning Ordinance):
 - 1. Use will be consistent with and in accordance with the objectives and goals of the Dallas Township Development Plan and Zoning Ordinance.

DALLAS TOWNSHIP, CLINTON COUNTY, MICHIGAN

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- 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 Dallas 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:
	 Tel. No:

Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Dallas 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 Dallas 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 Dallas Township Ordinance.

Applicant	Date:
Signature(s)	

DALLAS TOWNSHIP, CLINTON COUNTY, MICHIGAN

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PERMIT NO. _____

THIS SECTION TO BE COMPLETED BY DALLAS TOWNSHIP			
Fee Received: \$	Date:		
Escrow Deposit: \$	Date:		
Date of Public Hearing:			
Date of Publication:			
Date of Mailing:			
On, 20, the Dallas Town	ship Planning Commission:		
[] Approved the special use permit for the follo	wing reason(s):		
	e following conditions:		
	ng reason(s):		
Planning Commission Chair	Date:		
Zoning Enforcement Officer	Date:		
Copy of Completed Permit Application and, if i	ssued, copy of Permit retained by or provided to:		
ApplicantPlanning Commission Chair	Zoning Enforcement OfficerTownship Clerk		