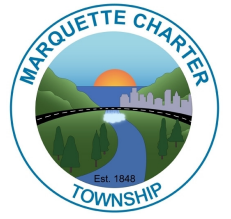


Charter Township of Marquette

1000 Commerce Drive, Marquette, Michigan 49855
Phone: 906-228-6220 • Fax: 906-228-7337

Application for Mineral Extraction

www.marquettetownship.org



**NOTE: This Application must be completed and submitted to the Marquette Township Offices
Be sure to complete ALL sections of this form. Please Print or type.

Application Type:

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification
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Project Name / Proposed Site Name

Applicant Information

Name:		Address:	
Business Name:			
Phone:	Fax:	Name of Contact Person:	Contact Phone:
If Applicant is not the Owner, state the Applicant's relationship to the Owner (<i>i.e. purchaser, land contract vendee, owner's designated agent, etc.</i>):			
E-mail Address:			

Property Owner

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Operator if Different From Owner

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Property Information

Address:		Zoning District:
Legal Description(s) (<i>attach pages as necessary</i>):		
Property / Parcel I.D. Number(s): (<i>found on tax bill</i>)	Parcel I.D. Number(s):	Parcel I.D. Number(s):
52-08- - -	52-08- - -	52-08- - -
Extraction Site Acreage:	Description of all existing and proposed uses of property (<i>attach pages as necessary</i>):	
Access to site (<i>attach pages as necessary</i>):		

Adjacent Land Uses

Describe the land use on adjacent property and give the approximate distances from property lines for all property within 1,000 feet of the proposed site (attach pages as necessary)

North:
South:
East:
West:

Visual Quality

What type of screening shall be used to obstruct the view of any mineral or aggregate activity from conflicting or sensitive uses (attach pages as necessary):

Water Quality

Will your proposed action have an impact on any wetlands or bodies of water:

Yes No

If Yes, how and what steps will be taken to minimize the impact (attach pages as necessary):

Air Quality

What type of practices will be implemented to control (attach pages as necessary)

Dust:

Noise:

What are the planned days of the week and hours of operation

What are the estimated blasting times and frequency

What is your reclamation plan (attach pages as necessary)

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Owner: _____

Date: _____

Owner's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (please print): _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Zoning Administrator: _____

Date: _____