



Charter Township of Marquette

1000 Commerce Drive Marquette, Michigan 49855

Phone: 906-228-6220 • Fax: 906-228-7337



Application for Special Use Permit

**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.*

**The application is not considered complete until all items have been submitted and the application fee paid.*

The following information/ materials are required by the Zoning Ordinance (Sec.16.03) as part of this application.

Your application requires approval by the Planning Commission. As required by Ordinance, Special Use Permit applications normally involve a minimum of two Planning Commission meetings. The first meeting is to review the completed application and schedule the required public hearing; the second meeting consists of the public hearing, after which the Planning Commission will deliberate on the proposed special use approving it, approving it with conditions or disapproving it.

Application Type

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal
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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 (if different from applicant)

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

Property Information

Address:		Parcel I.D. Number(s):	
		52-08- - -	
Zoning District:	Legal Description(s) (<i>attach pages as necessary</i>):		
Size (<i>acreage or square footage</i>):	Name of any existing businesses on property:		
Proposed Use of Property:			
Present Use of Property:			

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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Please include with this permit the following items:

- A letter or signed narrative describing in detail the proposed special use and detailing why the location selected is appropriate.
 Attached
- Applicant's statement of the expected effect of the special use (where applicable) on emergency services, schools, sanitary sewer facilities, and local traffic volumes.
 Attached
- Property Boundary Survey / Map and Legal Description with the seal of the registered surveyor who prepared them.
 Attached
- Existing uses and structures on the land – attach any available site map or drawing locating uses and structures on the land
 Attached
- Existing zoning of the subject property or parcel along with the zoning district of all adjacent properties (may be superimposed on the survey or site map).
 Attached
- Site Plan or Plot Plan for Proposed Development (see Article XVII, Site Plan Review, Section 17.03 & 17.06).
 Attached
- Preliminary Building Plans / Outline Specifications.
 Attached
- Supporting Documents from Relevant Public Agencies.
 Attached

Applicant:

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

Signature of Property Owner: _____ Date: _____

Owner's Name (print): _____

Property Owner:

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

Signature of Applicant: _____ Date: _____

Applicant's Name (print): _____

Optional: I hereby grant permission for the members of the Marquette Township Commission, Zoning Administrator, Planner and the Fire Marshall to enter the above described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant: _____ Date: _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____ Date: _____

Fee Paid: Yes No If Yes, Amount Paid: _____

Application: Approved Not Approved

Reason: Incomplete Application Other Date: _____

Condition(s) of Approval: _____

Signature of Zoning Administrator: _____ Date: _____