

Fremont Township

Application for Special Land Use Permit

Please Print Answers to the Following Questions:

Date of Application: _____

Name of Applicant: _____

Applicant's Address: _____

Home Phone #: _____ Cell Phone #: _____

Name of Current Owner of Proposed Site: _____

Owner's Address: _____

Owner's Home Phone#: _____ Owner's Cell Phone#: _____

Attach copy of Legal Description of the Proposed Site

Property Tax ID #: _____

Address of Property Involved: _____

Cross Roads Closest to Site: _____

Is a Land Contract or Warranty Deed Involved? ☐ Yes ☐ No

Intended Land Purpose, Attach Copies if Necessary: _____

Complete if applicable:

Business Name: _____

Number of Employees: _____ full time and _____ part time

Days and Hours of Operations: _____

Regulatory Licenses required for operation? ☐ Yes ☐ No. If yes please explain what is required and include a copy. _____

A Site Plan is required. Please attach a site plan to this application. **It shall include the following information & be drawn up to these minimum standards.**

- (a) Area of the site
- (b) Date, north point, and scale of not less than one (1) inch equals one hundred (100) feet.
- (c) Dimensions of all property lines
- (d) Location and dimensions of all existing and proposed structures on the property or on adjacent properties within one hundred (100) feet of the property lines.
- (e) Location and dimensions of all existing and proposed roads (including rights-of-way), driveways, sidewalks, and parking areas.
- (f) Location of all existing and proposed utility lines, wells, septic systems and storm drainage.
- (g) Location, dimensions and details of proposed plantings, greenbelts and landscaped areas.
- (h) Exterior drawings of proposed new buildings or existing buildings to which major additions are proposed.
- (i) Location, dimensions, and drawings of existing and proposed signs.
- (j) Name, address, and telephone number of the person who prepared the site plan.
- (k) Attach 10 copies of the site plan (original and 9 copies)

Note: Special Land Use Permit may be reviewed and/or withdrawn at any time if requirements of zoning ordinances are not met.

Type of meeting requested: ☐ Special Meeting (additional cost) ☐ Regular Meeting (held quarterly)

By signing below the Applicant agrees to adhere to the provisions set with this Special Land Use permit:

Signature of Property Owner: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____
(if different than the property owner)

Zoning Administrator's Signature: _____ **Date:** _____

Return or Mail Application To: Fremont Twp. Zoning Administrator
PO Box 216
Mayville, MI 48744
zoning@fremonttownship.org