

P.C. Case Number _____

Fee: _____

Date Rec'd: _____

EVELINE TOWNSHIP PLANNING COMMISSION APPLICATION SPECIAL USE PERMIT

*ALL APPLICATION FEES ARE NON-REFUNDABLE
MAKE CHECKS PAYABLE TO EVELINE TOWNSHIP*

PROPERTY TAX ID NO: _____ **ZONED DISTRICT** _____

PROJECT ADDRESS / LOCATION: _____
THIS APPLICATION SHALL INCLUDE ALL OF THE INFORMATION SPECIFIED ON THE FOLLOWING PAGES

Property Owner's Mailing Address:

Name _____
Street _____
City-State-Zip _____
Phone _____
Alt Phone _____

Authorized Agent Mailing Address:
(Written authorization required)

Name _____
Street _____
City-State-Zip _____
Phones _____
License No _____

AFFIDAVIT:

I hereby acknowledge and agree that the statements made above are true, and if found not to be true, I understand that this application and any zoning approvals granted and/or permit issued will be void. Further, I agree to comply with all conditions and regulations imposed with any zoning approvals granted and/or permits issued in connection with this application.

I hereby give permission for Eveline Township officials to enter the property related to this zoning application for the purposes of inspecting the property related to this zoning application, to ensure compliance with the Township Zoning Ordinance, and/or any conditions and regulations imposed in connection with any approvals granted and/or permits issued as a result of this application.

I hereby agree to comply with the provisions of the Zoning Ordinance of the Township of Eveline in the installation, construction, alteration, addition, or demolition herein, and if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to complete and submit this application as his/her selected agent.

Owner or Authorized Agent Signature

Date

FOR OFFICE USE ONLY

Planning Commission Motion: _____

Planning Commission Chair: _____ **Date** _____

Township Board Approval: _____ **Date** _____

Expiration Date: _____

EVELINE TOWNSHIP

Information to be included with an application for a special use permit

The Applicant shall submit seven (7) copies of the following information to the Zoning Administrator.

- I. A fully completed application for site plan review:
- II. Answers to the following questions. (NOTE: It is not sufficient to answer the questions “yes” or “no.” You must provide specific reasons to support your answers. Please attach additional sheets, if necessary, to provide detailed answers.)
 - A. Will the proposed special use be designed, constructed, operated and maintained so as to be harmonious with the existing or intended character of the general vicinity and will the proposed special use change the essential character of the area in which it is proposed to be located?
 - B. Will the proposed special use be hazardous or disturbing to existing or future nearby uses?
 - C. Will the proposed special use be equal to or an improvement in relation to property in the immediate vicinity and to the Township as a whole?
 - D. Will the proposed special use be served adequately by essential public services and facilities or will the persons responsible for the establishment of the proposed special use provide adequately any such service or facility?
 - E. Will the proposed special use create additional public costs and will the proposed special use be detrimental to the health, safety, and general welfare of the Township?
 - F. Is the proposed special use listed as an allowed special use in the district in which it is proposed to be located?