

St. Joseph Charter Township

P.O. Box 147
3000 Washington Avenue
St. Joseph MI 49085
Telephone: (269) 429-7703
Fax: (269) 429-2079

PLANNING COMMISSION APPLICATION FOR SPECIAL USE PERMIT

Name _____ Date _____
Address _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Address of Property _____

What is your interest in this property? (I.e. owner, land contract, purchase, agent, etc.)

Has a previous application been made regarding this property? Yes No

If yes, state the date _____ Nature of application _____

Decision of Commission _____

State reasons for Special Use Permit (be specific, brief and attach supporting documentation)

How is the property currently zoned? _____

How much land is involved? _____

What impact will the Special Use Permit have upon adjacent properties and neighborhood?

What steps do you propose to mitigate such impact? _____

The undersigned acknowledges that if a Rezoning Permit is granted or other decision favorable to the undersigned is rendered upon this application, said decision does not relieve the undersigned from compliance with all other provisions of applicable Township Ordinances, and the undersigned affirms that the answer and statements herein contained and the information herewith submitted are in all respects true and correct, to the best of his/her knowledge.

APPLICANT (print name)

SIGNATURE

DATE

I grant permission for St. Joseph Charter Township employees and or agents to enter my property for the purpose to gather site information relative to the above request.

SIGNATURE OF PROPERTY OWNER

DATE