

CHARLEVOIX TOWNSHIP APPLICATION

- () SITE PLAN REVIEW
- () SITE PLAN AMENDMENT
- () SPECIAL USE PERMIT*
- () REZONING REQUEST*
- () REQUEST TO AMEND ZONING ORDINANCE*
- () VARIANCE REQUEST*
- () APPEAL OF ZONING ADMINISTRATOR'S DECISION OR
REQUEST FOR INTERPRETATION*
- () REQUEST FOR TEMPORARY DWELLING UNIT

* additional information required, see page 2

PROPERTY ADDRESS: _____

PROPERTY NUMBER: _____ 15-004- _____

ZONING DISTRICT: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____

OWNER OF PROPERTY: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____

EXISTING USES OF PROPERTY: _____

PROPOSED USES OF PROPERTY: _____

SPECIAL USE PERMIT - INDICATE THE SPECIAL USE AND THE SPECIFIC SECTION THAT REGULATES THE ZONING: _____

REZONING - INDICATE THE EXISTING AND PROPOSED ZONING DISTRICTS AND THE SPECIFIC SECTION THAT REGULATES THE ZONING: _____

AMENDING THE ZONING ORDINANCE - INDICATE THE SPECIFIC SECTION(S) PROPOSED TO BE CHANGED: _____

VARIANCE REQUESTS - LIST THE SPECIFIC SECTION THAT YOU ARE REQUESTING A VARIANCE FROM AND DESCRIBE WHY A VARIANCE IS NEEDED. ATTACH A WRITTEN STATEMENT ON HOW THE VARIANCE REQUEST MEETS SPECIFIC STANDARDS LISTED IN SECTION 11.6 OF THE ZONING ORDINANCE: _____

APPEALING THE ZONING ADMINISTRATOR'S DECISION OR REQUESTING AN INTERPRETATION - LIST THE SPECIFIC SECTION(S) IN QUESTION AND THE REASONING FOR AN APPEAL OR INTERPRETATION: _____

APPLICANT'S SIGNATURE (IF NOT OWNER) _____

OWNER'S SIGNATURE (REQUIRED) _____

DULY AUTHORIZED LEGAL AGENT _____

FEES:

SPECIAL USE PERMIT OR REZONING AT A REGULARLY SCHEDULED MEETING	\$150
SPECIAL USE PERMIT OR REZONING AT A SPECIAL MEETING	\$475
A SPECIAL PUBLIC HEARING / MEETING	\$625
A ZONING BOARD OF APPEALS MEETING	\$400

MAKE CHECK PAYABLE TO CHARLEVOIX TOWNSHIP TREASURER AND RETURN WITH COMPLETED APPLICATION TO:

CHARLEVOIX TOWNSHIP
12491 WALLER ROAD
CHARLEVOIX MI 49720

NOTARIZATION:

SPECIAL USE PERMITS, REZONES AND BOARD OF APPEALS MEETINGS REQUIRE NOTARIZATION.

I (WE) DEPOSE AND SAY UNDER PENALTIES OF PERJURY THAT ALL OF THE STATEMENTS, SPECIFICS, PROPOSALS AND / OR PLANS CONTAINED IN OR SUBMITTED WITH THIS APPLICATION ARE TRUE.

OWNER OR DULY AUTHORIZED LEGAL AGENT _____

COUNTY OF _____ STATE OF _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF 20_____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____