

## APPLICATION FOR SPECIAL USE PERMIT

*Submit twenty (20) copies of completed application and all required materials to the Township*

### Applicant(s) Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Interest in the Subject Property \_\_\_\_\_

### Owner Information

*(If different from applicant, include owner-signed consent to, and certification of, application)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Legal description (attach copy if necessary): \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Use For Which Permit Is Requested: \_\_\_\_\_

Zoning Ordinance Section Authorizing Special Use Requested: \_\_\_\_\_

Applicant requests that the Planning Commission hold a public hearing to consider this Special Use Permit Application: [ ] Yes [ ] No

In addition to completing this application form, before the Planning Commission will consider the application for special use permit applicant(s) must attach the following to this application:

- Completed Zoning (Land Use) Permit Application
- Completed Application for Site Plan Review
- Supporting material, exhibits and information that will support a finding of the following criteria (Section 5.06 of the Zoning Ordinance), as well as any use specific criteria for the requested special use (Article 14):

ONONDAGA TOWNSHIP,  
INGHAM COUNTY, MICHIGAN

APPLICATION DATE. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

1. Use will be consistent with and in accordance with the objectives and goals of the Onondaga Township Master Plan and Zoning Ordinance. \_\_\_\_\_
2. Use will not be hazardous, disturbing, or adversely affect neighboring lands; produce, create, or result in more traffic, noise, vibrations, dust, fumes, odor, smoke, glare, lights, or disposal of waste than permitted uses in the district; or increase hazards to the subject property or neighboring lands. \_\_\_\_\_
3. Use will not change the essential character of the surrounding area, disrupt the orderly and proper development of the zoning district as a whole, or conflict with or discourage the permitted uses of the adjacent lands or buildings. \_\_\_\_\_
4. Use will be compatible with, and will not adversely affect, the natural environment. \_\_\_\_\_
5. The capacity of local utilities and public services is sufficient to accommodate all the uses permitted in the requested district without compromising the health, safety, and welfare of Onondaga Township residents, including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district. \_\_\_\_\_
6. Use will be compatible with all relevant provisions of the Zoning Ordinance, including supplementary provisions for buildings, structures, uses, lots, yards, and premises, and specific provisions for zoning district. \_\_\_\_\_
7. Use will not involve activities, processes, materials, equipment, or conditions of operation that will be detrimental to any person, property, or general welfare by reason of excessive production of traffic, noise, smoke, fumes, glare or odors.

Applicant(s) Certification:

The applicant(s) and owner of this land, do hereby covenant and agree to comply with all applicable laws and the Zoning Ordinance of Onondaga Township pertaining to land use, and to construct the proposed structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application are to the best of their knowledge, true and correct. By signing this document you also agree to cooperate with the Zoning Administrator, and allow access to all properties and structures mentioned above.

Applicant(s) further acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Onondaga Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Onondaga Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Onondaga Township Ordinance.

Applicant / \_\_\_\_\_  
Owner \_\_\_\_\_  
Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

Tel. No: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ONONDAGA TOWNSHIP PLANNING  
COMMISSION**

Fee Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Escrow Deposit: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Date of Public Hearing, if requested: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Date of Mailing: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, the Onondaga Township Planning Commission recommended:

Approval of the special use permit for the following reason(s): \_\_\_\_\_

Approval of the special use permit subject to the following conditions: \_\_\_\_\_

Denial of the special use permit for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
Planning Commission Chair

Date: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

Date: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ONONDAGA TOWNSHIP BOARD**

On \_\_\_\_\_, 20\_\_\_\_, the Onondaga Township Board:

[ ] Approved the special use permit for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

[ ] Approved the special use permit subject to the following conditions: \_\_\_\_\_

\_\_\_\_\_

[ ] Denied the special use permit for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Planning Commission Chair

Date: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

Date: \_\_\_\_\_

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

Applicant

Zoning Administrator

Planning Commission Chair

Township Clerk