

HOWELL TOWNSHIP
Application for Special Use Permit

3525 Byron Road Howell, MI 48855
Phone: 517-546-2817 ext. 108
Email: inspector@howelltownshipmi.org

Fee: \$750.00

File No. _____

Parcel ID #: 4706- _____ - _____ - _____		Date _____	
Applicant Name _____		Applicant Address _____	
Phone _____	Fax _____	Email _____	
Applicant is:	Owner	Lessee	Land Contract Vendee
	Other: _____		

Complete and Attach: **Application for Land Use Permit** and **Application for Site Plan Review**

Current Zoning Classification _____	Proposed Use _____
Legal Description (attach copy if necessary): 	
Designate Ordinance Section Number Authorizing Special Use Requested: _____	

Attach supporting material, exhibits and information that will support a finding of the following criteria: (Section 16.06)

1. Use will be harmonious with and in accordance with the general objectives, intent, and purposes of this ordinance.
2. The use will be designed, constructed, operated, maintained, and managed so as to be harmonious and appropriate in appearance with the existing or the intended character of the general vicinity.
3. The use will be served adequately by essential public facilities, such as highways, police, and fire protection, drainage, and refuse disposal.
4. That the use will not be hazardous or disturbing to existing or future neighboring uses.
5. That the use will create excessive additional requirements of public costs for public facilities, utilities, and services.
6. That this use will not have substantial adverse impact upon the natural resources and environment of the lot or parcel upon which it is to be located and adjacent areas, including,

but not limited to prime agricultural areas, forest and woodlot areas, lakes, rivers, streams, watersheds, water recharge areas, flood ways, and wildlife areas.

I hereby depose and say that all the above statements and information contained in this application and any attachments submitted herewith are true and accurate.

Applicant Signature _____

Print Name _____

Date _____

Subscribed to and sworn to before me
This _____ day of _____,
_____.

Notary Public
_____ County, MI
My Commission Expires: _____

For Township Use

Approved Special Use Permit _____

Factual Findings

Reasons for Approving _____

Denied Special Use Permit _____

Factual Findings

Reasons for Denial _____

Date of Public Hearing _____

Howell Township Board

Supervisor

Date

Clerk

Date