

Everett Township

1516 E. 8th St.
White Cloud, MI 49349
Phone: 231-689-1082
Fax: 231-689-1519

**SPECIAL LAND USE
PERMIT APPLICATION**

et-zoning@outlook.com

1. APPLICANT: Name: _____

(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip)

Phone Nos: _____

(alternate)

Email Address: _____

Note: If a corporation or partnership, please provide appropriate identifying legal information regarding ownership – **attach additional pages as necessary.**

2. ADDRESS / LOCATION OF SUBJECT PROPERTY: _____

Parcel # ____ - ____ - ____ - ____ - ____

3. APPLICANT'S INTEREST IN SUBJECT PROPERTY: _____

4. OWNER: Name: _____

(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip)

Phone Nos: _____

(alternate)

Email Address: _____

Note: If a corporation or partnership, please provide appropriate identifying legal information regarding ownership – **attach additional pages as necessary.**

5. PRESENT USE OF SUBJECT PROPERTY: _____

6. REQUESTING SPECIAL LAND USE FOR (Specify Use):

7. ATTACH REQUIRED SITE PLAN DRAWING and all documentation required to demonstrate compliance with Article 15 (Site Plan Review), Article 16 (Special Land Uses), and all other applicable Articles of the Everett Township Zoning Ordinance. **Applicants are strongly encouraged to confer with the Zoning Administrator in order to gain helpful information regarding the Special Use Application process, including respective fees and timelines.**

APPLICANT'S SIGNATURE:

X _____ Date: _____

OWNER'S SIGNATURE:

X _____ Date: _____

-OFFICIAL USE ONLY-

Case # _____ - Filing Date: ____ / ____ / ____

Special Land Use Permit Fee: \$100.00

Special Land Use Permit Fee w/ Special Meeting: \$400.00

Escrow Deposit Fee: Assessed by Board / Planning Commission

Public Hearing Date: ____ / ____ / ____

Final Action Date: ____ / ____ / ____