

**PERE MARQUETTE CHARTER TOWNSHIP**

1699 S. Pere Marquette Hwy. ▪ Ludington, MI 49431 ▪ (231) 845-1277

**APPLICATION FOR CONDITIONAL USE PERMIT**

*This application is being presented by:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

<u>FOR OFFICE USE ONLY</u>	
Date Rec'd	_____
Fee Rec'd	_____
Receipt No.	_____
Review Date	_____
Hearing Date	_____
P.C. Action	_____

**Please Note:** All questions must be answered completely. If additional space is needed, label and attach separate sheets.

**I. ACTION REQUESTED**

I (We), the undersigned, do hereby make application to the Planning Commission for a Conditional Use Permit in the \_\_\_\_\_ Zoning District.

- A. Address of Property: \_\_\_\_\_
- B. Property Number: 53 – 010 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- C. Legal Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. SPECIFIC INFORMATION**

- A. A Conditional Use Permit is requested pursuant to Article \_\_\_\_\_, Section \_\_\_\_\_, Paragraph \_\_\_\_\_, of the Pere Marquette Charter Township Zoning Ordinance.
- B. Description of property:
  - 1. Size of lot \_\_\_\_\_
  - 2. Area of lot \_\_\_\_\_
  - 3. Is the lot a corner or interior lot? \_\_\_\_\_
- C. Description of existing structures:
  - 1. Number of buildings now on premises \_\_\_\_\_
  - 2. Size and use of each building now on premises \_\_\_\_\_
  - 3. All yard setbacks of existing buildings on premises (measured from lot line) \_\_\_\_\_  
 \_\_\_\_\_
  - 4. Percentage of lot coverage on ground level: \_\_\_\_\_
- D. Nonconforming use or structure:
  - 1. Are any present uses and/or structures on the property nonconforming? Yes ( ) No ( )  
 If yes, state in detail the nature and degree of the present nonconformity \_\_\_\_\_  
 \_\_\_\_\_

2. If there is a present nonconforming use and/or structure on the property, how will the proposed conditional use affect the same?
  - i. Nonconforming use of the property \_\_\_\_\_  
\_\_\_\_\_
  - ii. Nonconforming use of structures \_\_\_\_\_  
\_\_\_\_\_

E. Description of proposed structure:

1. Height of proposed structure \_\_\_\_\_
2. Dimensions of building or addition to be constructed \_\_\_\_\_  
\_\_\_\_\_
3. Area of building or addition to be constructed \_\_\_\_\_
4. Percentage of lot coverage \_\_\_\_\_
5. Estimated time of construction and/or occupancy of proposed conditional use:
  - i. Construction \_\_\_\_\_
  - ii. Occupancy \_\_\_\_\_

F. Yard setbacks after completion of building or addition (measured from lot line):

1. Front yard \_\_\_\_\_
2. Each side yard \_\_\_\_\_
3. Rear yard \_\_\_\_\_

G. The consideration of this application shall include such plans, drawings or other data furnished by the applicant, as well as a written statement by the applicant, all of which shall indicate in necessary detail, the type of use, size and location of the proposed use and estimated time until occupancy and/or proposed use. A summary of the attachments is as follows:

1. Written statements
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**III. AFFIDAVIT (This application must be signed in the presence of a Notary Public.)**

I hereby depose and say that all of the above information and attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

STATE OF MICHIGAN  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public Signature*

My commission expires \_\_\_\_\_, 20\_\_\_\_.

**IV. OFFICIAL REVIEW**

**ZONING ADMINISTRATOR**

Comments: \_\_\_\_\_

\_\_\_\_\_

Approved [ ]      Denied [ ]      Date Reviewed: \_\_\_\_\_

By: \_\_\_\_\_

*Signature*

*Title*

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**PLANNING COMMISSION**

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

Approved [ ]      Conditionally Approved [ ]      Denied [ ]

*SEE MEETING MINUTES EXCERPT*

# PERE MARQUETTE CHARTER TOWNSHIP

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## APPLICATION FOR SITE PLAN REVIEW

### APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

### OWNER

Name (if not the applicant): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

### FOR OFFICE USE ONLY

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

Review by: [ ] Zoning Administrator  
[ ] Planning Commission

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

[ ] Approved [ ] Denied

### **A. DIRECTIONS**

1. Complete the Site Plan Review Application and Site Plan Drawing in accordance with Article 23 of the Pere Marquette Charter Township Zoning Ordinance. (A copy of the article is attached.)
2. **Nine copies of the completed Site Plan Application and Drawing should be submitted to the Township Zoning Administrator along with the fee payment, at least seven days prior to the Planning Commission meeting in which applicant requests to be on agenda.**
3. Plan will be reviewed by the Pere Marquette Fire Chief or Assistant Chief, the Department of Public Works Superintendent and the Zoning Administrator.
4. Applicant or a representative is required to attend the site plan review to provide a brief presentation of the project and to answer any questions the members may have during the review process.

### **B. PROPERTY INFORMATION**

1. Address of property: \_\_\_\_\_

2. Legal description of property (may provide as an attachment): \_\_\_\_\_  
\_\_\_\_\_

Parcel Number 53 – 010 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Current zoning and size of parcel: \_\_\_\_\_

4. Project description, include approximate commencement and completion dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **C. SITE PLAN DRAWING SPECIFIC INFORMATION**

Final site plans shall be drawn at a scale of not more than one inch to 50 feet and shall contain the information described in Article 23, Section 23.04 of the Township Zoning Ordinance.

**D. AFFIDAVIT**

I / We, hereby, make application to the Planning Commission for a Site Plan Review in accordance with Article 23 of the Pere Marquette Charter Township Zoning Ordinance. I hereby depose and state that all of the submitted information is true and correct.

\_\_\_\_\_  
*Signature of applicant* *Date*

***If applicant is not the current owner of the property, please provide the following:***

\_\_\_\_\_  
*Signature of owner* *Date*

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**E. DEPARTMENTAL REVIEWS**

**1. PERE MARQUETTE FIRE DEPARTMENT**

Comments: \_\_\_\_\_

\_\_\_\_\_

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

By: \_\_\_\_\_  
*Signature* *Title*

**2. WATER AND SEWER DEPARTMENT**

Comments: \_\_\_\_\_

\_\_\_\_\_

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

By: \_\_\_\_\_  
*Signature* *Title*

**3. ZONING ADMINISTRATOR**

Comments: \_\_\_\_\_

\_\_\_\_\_

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

By: \_\_\_\_\_  
*Signature* *Title*

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**F. PLANNING COMMISSION**

*SEE MEETING MINUTES EXCERPT*