

3461 Blue Star Hwy P.O. Box 100 Saugatuck, MI 49453

Phone (269) 857-7721 www.SaugatuckTownship.org

SPECIAL APPROVAL USE APPLICATION

Fees and escrow per the Township Consolidated Fee Schedule

Name of Applicant:		
Email:		
Address:		
Telephone:		
Name of Land Owner:		
Email:		
Address:		
Telephone:		
Parcel ID:	Zoning:	
Location of property on which Special Approv which is on the (N,S,E,W) side Proprietary interest of Applicant (owner, tena	of the street between	
Legal Description of Property:		
Nature of use for which Special Approval is ro	equested: (Explain fully)	



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Applicant should complete all of the following information, sign and return the form to the Saugatuck Township Zoning Administrator either in person, by mail, or by email: LWells@saugatucktownship.org.

Special Approval Use Application Instructions:

- 1. Fill out the attached application form obtained from the Township office.
- 2. Fill in each item. The legal description of property is that which appears on the deed and the taxrolls and must be copied exactly.
- 3. Attach a site plan of the land for which Special Approval is requested, and Plans and Specifications for any construction to be undertaken, as well as other data which may help the Planning Commission on its deliberations.
- 4. You will be notified as to the time and place of the Hearing. You may bring counsel and/or witnesses to testify on your behalf.
- 6. The base fee for the Special Approval Use is \$1,300 and is non-refundable unless the application is withdrawn prior to the incurring of any expenses associated with the project. By signing the attached application, I agree to pay all applicable fees and costs associated with the Special Approval Use (SAU) process as detailed in the "Fee Policy" below.
- 7. Fee Policy Added to all the pertinent non-refundable fees set forth in the Consolidated <u>Fee Schedule</u> will be the actual cost of planner, engineer, attorney, or other consultant in attendance, and any special reports or special reviews. An escrow fund shall be established at the beginning of the project abased upon reasonable anticipated costs for such consultants. These costs must be paid whether the project is approved or denied. Any portion of this fund not used for the above purposes will be refunded at the completion of the review process.
- 8. 12 Hard copies of plans and application + 1 digital copy emailed to Zoning Administrator Lynee Wells: <u>LWells@SaugatuckTownship.org</u>



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Duration of Special Approval Use requested: (permanent, one year, two weeks, etc.)

Will the Special Approval Use be designed, constructed, operated, and maintained in a manner harmonious with the character of the surrounding area?

Will the Special Approval Use change the essential character of the surrounding area?

Will the Special Approval Use be hazardous or involve uses, activities, materials, or equipment which might prove detrimental to the health, safety or welfare of persons or property by reason of traffic, noise, vibration, smoke, fumes, or glare?

Will the Special Approval Use place additional demands on public services and facilities?

Additional comments by Applicant: (May attach separate narrative.)

See <u>Article VII</u>, for specific standards for certain special approval uses. Attach a written response to each standard.

I hereby agree to abide by the terms of the Township Zoning Ordinance, and the terms of theSpecial Approval Use permit as issued by the Planning Commission should such a permit be granted.

Applicant Signature:	Date:
Applicant Name Printed:	
Referred to Planning Commission by:	
Zoning Administrator:	Date: