

CHARTER TOWNSHIP OF LANSING  
3209 W. Michigan Avenue  
Lansing, MI 48917  
(517) 485-4063

Date: \_\_\_\_\_  
Fee: \$400.00  
Meeting: 3<sup>rd</sup> Wednesday  
Deadline: 16 Business Days Prior  
to Meeting

**APPLICATION FOR SPECIAL USE PERMIT**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

Fax: \_\_\_\_\_ Tenant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Other: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Use for Which Permit is Requested: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Supporting Materials: \_\_\_\_\_ Site Plan, Plot Plan or Development Plan  
\_\_\_\_\_ Plans and Specifications for Proposed Development and Buildings  
\_\_\_\_\_ Statement on Prerequisite Standards

Prerequisite Standards: \_\_\_\_\_ General Compliance with the Township Comprehensive Land Use Plan  
(Code of Ordinances

Section 88-2.4(1) \_\_\_\_\_ Satisfactory assurance that the public facilities are adequate or can be made adequate to serve the proposed project. Specifically, that existing roads, schools, stormwater drainage, fire protection, police protection, emergency medical care, public transportation are adequate to serve the proposed project.

\_\_\_\_\_ Be designed, constructed, operated and maintained so as to be compatible with the use of adjacent lands.

\_\_\_\_\_ Not involve uses, activities, processes, materials and equipment or conditions of operation that will be detrimental to public health, safety and welfare by reason of excessive traffic, noise, smoke, fumes, glare or odors.

**CERTIFICATION OF OWNERSHIP AND CONSENT:**

I, \_\_\_\_\_, hereby certify that I am the owner of the above described property which the requested Special Use Permit will affect, and I give my consent for this use.

Signature: \_\_\_\_\_

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

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

Fee Paid: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

By \_\_\_\_\_