

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

Date: _____
Fee: \$400.00
Meeting: 3rd 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 _____