

SKANDIA TOWNSHIP

224 Kreiger Drive / P.O. Box 48

Skandia, MI 49885

Phone (906) 942-7404 / Fax (906) 942-7509

Zoning Administrator - Mark Maki (906)446-3335 Email: jojozimmy@aol.com

CONDITIONAL USE REQUEST APPLICATION

Conditional Use # _____

Applicant: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Email: _____

Owner: _____

Address: _____

City: _____ State: _____

Phone: (_____) _____ Email: _____

SITE INFORMATION

Parcel #: 52-15-_____-_____-_____ Section _____ T _____ N R _____ W

I (we) hereby request the planning commission to approve the below described application as

authorized by section _____

Legal description of the parcel for which this application is made: _____

Size of Parcel: _____ Acres Frontage on Public Road: _____ Feet

Site Address of the Site: _____

Zoning District of the Site: _____

PROJECT INFORMATION

The existing land use of the site is: _____

Are there any structures, signs, wetlands, floodplains, water frontage, easements on site? _____

If yes, please identify what is located on site: _____

What public road does this parcel front on how legal access provided? _____

Proposed Use: For what use is this application requesting? _____

What structures are proposed to be placed on this site? _____

Identify the land uses on adjoining properties or in the nearby area:

To the North: _____

To the South: _____

To the East: _____

To the West: _____

Are there any proposed signs included in this application? Yes _____ No _____

If yes, please provide detail of the signage proposed on a separate sheet.

Describe the proposed hours of operation and typical dates of use at the site: _____

If the site contains hazardous or dangerous activities, how are these proposed to be addressed: _____

What hazardous, toxic or harmful items are stored on site? _____

Are there any outdoor items such as the storage of equipment, machinery, vehicles, and/or other on site

Storage associated with this proposal? Yes _____ No _____

If yes, please describe and show on the site plan included with this application.

Are any of these visible from the site? Yes _____ No _____

Does this proposal require any additional refuse – garbage collection use? Yes _____ No _____

Describe the existing character of the area adjacent to the site: _____

What impact will the proposed use have on the community in terms of noise, dust and visual impact?

What are the positive community impacts of this proposal conditional use? _____

Anything else about the proposal that you would like to add: _____

FEE: \$300.00 TO COVER COSTS OF PUBLIC NOTICES

MAKE CHECK PAYABLE TO: SKANDIA TOWNSHIP

REQUIRES A PUBLIC HEARING PROCEEDED BY 15 DAYS NOTICE

A SCALED SITE PLAN REQUIRED. SEE SITE PLAN REQUIREMENTS: SECTION 601 – 605

THE UNDERSIGNED AFFIRMS THAT HE/SHE ARE REQUESTING A CONDITIONAL USE PERMIT AND THAT THE APPLICATION AND SITE PLAN ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE ALSO AUTHORIZE TOWNSHIP OFFICIALS TO CONDUCT ON SITE INSPECTION AND REVIEW.

APPLICANT AND OWNER

DATE: _____

DATE: _____