
OVERISEL TOWNSHIP APPLICATION FOR SPECIAL USE PERMIT

TO: Overisel Township Planning Commission

BY: _____

Name of Applicant

Address of Applicant (Street & Number)

City, State, ZIP Code

Telephone Numbers (Home & Business)

*****FOR OFFICE USE ONLY*****

Case No. _____

Date Rec'd _____

Tax Parcel No. _____

Fee Rec'd (Amt. & Date) _____

Receipt No. _____

Hearing Date _____

Action _____

Date _____

Expiration Date _____

PLEASE NOTE: All questions must be answered completely. If additional space is needed, number and attach additional sheets. The total number of attached sheets is _____.

I. ACTION REQUESTED

It is hereby requested that the Overisel Township Planning Commission approve the issuance of a special use permit on the property described in "II. PROPERTY INFORMATION" which is located in zoning district _____ for the purpose of (state proposed use of property):

A previous application for a variance, special use permit, or rezoning on this land **has/ has not** (choose one) been made with respect to these premises in the last _____ years. If a previous appeal, rezoning, or special use permit application was made, state the date, nature of action requested, and the decision:

Date: _____

Action Requested: _____

Decision (approved/denied): _____

II. PROPERTY INFORMATION

A. Legal description of property affected:

Address of property: _____

B. List of all deed restrictions (attach additional sheets if necessary).

C. Names and addresses of all other persons, firms or corporations having a legal or equitable interest in the land.

D. This area is: _____ unplatted _____ platted _____ will be platted

If platted, name of plat: _____.

E. Attach a site plan and all other information required by Chapter XIII, Section 13.02 B(2) of the Overisel Township Zoning Ordinance.

F. Present use of the property is _____.

G. Estimated completion date of construction (if applicable). _____

III. STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION

A. State specifically the reason for this special use permit request at this time.

B. Statement of support for the request. Please justify your request for a special use permit below. A narrative description should address the following concerns:

1. The special use shall be designed, constructed, operated and maintained in a manner harmonious with the character of adjacent property and the surrounding area.
2. The special use shall not change the essential character of the surrounding area.
3. The special use shall not be hazardous to adjacent property or involve uses, activities, materials or equipment which will be detrimental to the health, safety or welfare of persons or property through the excessive production of traffic, noise, smoke, odor, fumes or glare.
4. The special use shall not place demands on public services and facilities in excess of current capacity.

IV. OTHER INFORMATION AS MAY BE REQUIRED BY THE ZONING ORDINANCE (insert here)

V. AFFIDAVIT

*The undersigned affirms that he/she (we) is (are) the _____
(specify owner, lessee, or other type of interest)*

involved in the application; and that if this request is granted in accord with Chapter XIII of the Overisel Township Zoning Ordinance, actual construction will begin within _____ months from the date of the granting of a special use permit and will be completed within _____ year(s) from said date, and that I (we) am (are) able, for a legal, financial and physical basis, to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his, her, or our knowledge and belief.

Applicant Signature(s):

Date: _____

***Permit will expire one year from approval date if the project is not started.

SPECIAL USE PERMIT COST TO BE TURNED IN WITH THE APPLICATION IS \$250.00 PER LEGAL DESCRIPTION. PLUS \$750 FOR AN ESCROW DEPOSIT. SEE FEE SCHEDULE FOR EXPLANATION.

NOTE: IF A SPECIAL MEETING IS REQUESTED, THE APPLICANT MUST PAY THE COST OF THE PLANNING COMMISSION MEETING WHICH IS AN ADDITIONAL \$670.00 FOR A TOTAL OF \$820.00.

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