



SAUGATUCK TOWNSHIP

WWW.SAUGATUCKTOWNSHIP.ORG

3461 BLUE STAR HIGHWAY
P.O. BOX 100
SAUGATUCK, MI 49453

PHONE (269) 857-7721
FAX (269) 857-4542

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 tax rolls 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. Within twenty-eight days of the Approval of the Application by the Zoning Administrator, the Planning Commission will hold Public Hearing relative to the application. 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.
5. The Planning Commission will reach a DECISION within thirty days of the Public Hearing.
6. The base fee for the Special Approval Use is \$400 and is non-refundable unless the application is withdrawn prior to the incurrence of any expenses associated with the project. By signing the attached application, I agree to pay all applicable fees and costs associated with the SAU (Special Approval Use process as detailed in the "Fee Policy" below.
7. Fee Policy – Added to all the pertinent non-refundable fees set forth in the Consolidated Fee Schedule will be the actual cost of planner, engineer, attorney, or other consultant in attendance, and any special reports or special reviews. An escrow fund may 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.



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APPLICATION FOR SPECIAL APPROVAL USE

1. Name of Applicant: _____

Address: _____

Telephone: _____

2. Name of Land Owner: _____

Address: _____

Telephone: _____

3. Location of property on which Special Approval is requested: (street address)

_____, which is on the (N, S, E, W) side

of the street between _____ and _____ streets.

4. Proprietary interest of Applicant (owner, tenant, lease etc..)

5. Legal Description of Property:

6. Nature of use for which Special Approval is requested:
(explain fully)



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

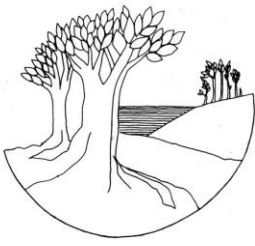
8. a. Will the Special Approval Use be designed, constructed, operated, and maintained in a manner harmonious with the character of the surrounding area?

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

- c. 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?

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

9. Additional comments by Applicant:



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

Signed:

Applicant

Date

Referred to Planning Commission by:

Zoning Administrator

Date