

**CITY OF ORCHARD LAKE VILLAGE
APPLICATION FOR SPECIAL USE APPROVAL**

NOTICE TO APPLICANT: Applications for Special Use Approval must be submitted to the City at least fifteen (15) days prior to the City Council/Planning Commission meeting at which the proposal will be considered. The application must be accompanied by a fully dimensioned plot plan or boundary survey plus the required review fees. Regular meetings of the City Council are held on the third Monday of each month at 7:00 p.m. Planning Commission meetings are held on the first Tuesday of each month at 7:00 p.m. All meetings are held at the Orchard Lake City Hall, 3955 Orchard Lake road, Orchard Lake, Michigan. Phone (248) 682-2400.

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request consideration of our special use request and provide the following information to assist in the review:

Name of Applicant: _____

Mailing Address: _____

Property Owner (if different from Applicant): _____

Mailing Address: _____

Relationship of Applicant to Owner: _____

Location of Property (street address): _____

Nearest Cross Streets: _____

Sidwell Number: _____

Legal Description (attach additional pages if necessary):

Property Size: _____ Acres _____ Square Feet _____

Special Use Request Application – Page Two

Use being Requested_____

Existing Use_____

Existing Zoning_____

Zoning of Adjacent Property: North_____ South_____
East_____ West_____

Proposed Construction:

Will interior construction be required? Yes_____ No _____

Will exterior construction be required? Yes_____ No _____

Will the building envelope change? Yes_____ No _____

Can the construction be performed without any variances? Yes_____ No_____

If no, describe variances:_____



Justification for Use:

State any reasons or circumstances in support of the proposed request::



Attach the following:

1. A fully-dimensioned plot plan or boundary survey showing the land which would be affected by the proposed use.
2. Proof of property ownership.

THE APPLICANT OR A DESIGNATED REPRESENTATIVE MUST BE PRESENT AT ALL SCHEDULED REVIEW MEETINGS OR THE REZONING PROPOSAL WILL BE TABLED DUE TOLACK OF REPRESENTATION AND APPLICABLE FEES WILL BE CHARGED.

Applicant's Endorsement:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the City will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this site plan application.

Signature of Applicant

TO BE COMPLETED BY THE CITY

Date Submitted: _____ Fee Paid: _____

Received By: _____ Date of Public Hearing _____

PLANNING COMMISSION RECOMMENDATION

To Approve: _____ To Deny: _____

Reasons for Recommendation: _____

Date of Action: _____

CITY COUNCIL ACTION

To Approve: _____ To Deny: _____

Reasons for Decision: _____

Date of Action Taken: _____