

**APPLICATION FOR SPECIAL LAND USE APPROVAL**  
**Metamora Township**

(810) 678-2237  
 730 WEST DRYDEN ROAD, METAMORA, MI 48455

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

COMMON DESCRIPTION OF PROPERTY AND ADDRESS, IF ISSUED: \_\_\_\_\_

COMPLETE LEGAL DESCRIPTION  Attached  Included on site plan

REQUIRED SITE PLAN  Attached **\*\*\*Application will not be accepted without required site plan\*\*\***

EXISTING ZONING \_\_\_\_\_ PROPOSED SPECIAL LAND USE UNDER SECTION \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

ESTIMATED COMPLETION DATE OF PROPOSED PROJECT \_\_\_\_\_

ARE YOU THE SOLE LEGAL OWNER OF PROPERTY?  YES  NO

Provide names, addresses and signatures for all persons with a legal or financial interest in the property. All persons having legal interest in the property must sign this application.

	Name (Please Print)	Address	Interest	Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I do hereby swear that all the statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of all owners of the property.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

*Provide fourteen (14) copies of this completed form and the required site plan. The site plan shall comply with all requirements of the Zoning Ordinance, in particular, Section 1524. The applicant is responsible for obtaining a copy of the Zoning Ordinance from the Township Clerk. The applicant or representative must be present at the Planning Commission meeting or no action will be taken. The attached "checklist" is designed to assist in preparing the site plan.*

**Office Use Only**

Date Received \_\_\_\_\_ By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Planning Commission: First Introduction (Date) \_\_\_\_\_ Public Hearing (Date) \_\_\_\_\_

**Case # SLU** \_\_\_\_\_