

APPLICATION FOR SPECIAL USE PERMIT

PLEASE PRINT OR TYPE (if additional space is needed, use back side of application.)

Applicant Information:		
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	
Interest in Subject Property:		

Owner(s) Information: <i>(if different from applicant, include owner-signed consent to, and certification of, application)</i>		
Name(s):		
Address:	City:	Zip Code:
Telephone:	Email:	

Project and Property Information:			
Project Description:			
For the following use(s):			
Current Zoning Classification:	<input type="checkbox"/> RC Resource Conservation	<input type="checkbox"/> R-1 Residential	<input type="checkbox"/> R-2 Multi-Family Residential
	<input type="checkbox"/> AG Agricultural	<input type="checkbox"/> C Commercial	<input type="checkbox"/> I Industrial
Property Identification Number:			
Subject Property Address:	City:	Zip Code:	
Legal Description (attached separately if necessary):			
Zoning Ordinance Section(s) Authorizing Special Use Requested:			

Submission Requirement Checklist

Applicants must submit the following items together with this application prior to Planning Commission considering the application for special use permit:

- Completed Zoning Compliance Permit Application (if applicable)
- Application Fee, made payable to Benton Charter Township Escrow Fee Deposit, if applicable
- Legal Description (*attached separately if needed*) Completed Application for Site Plan Review
- Supporting material, exhibits, and information that supports a finding of the following criteria (Section 14.05 of the Zoning Ordinance). Please prepare a narrative, attached to this application form, describing how the proposed use meets the below criteria. Include a response for each criterion below.

Initial: *Indicate by initial below that the listed information has been provided in the attached narrative.*

_____ Whether the proposed use at the location is consistent with the objectives and goals of the Master Plan and the Township Zoning Ordinance.

_____ Whether the proposed use will adversely affect neighboring lands, including whether the proposed use will produce, create, or result in more traffic, noise, vibrations, dust, fumes, odor, smoke, glare, lights, or disposal of waste than permitted uses in the district or increase hazards to the subject property or neighboring lands.

_____ Use will not change the essential character of the surrounding area, disrupt the orderly and proper development of the zoning district as a whole, or conflict with or discourage the permitted uses of the adjacent lands or buildings.

_____ Use will be compatible with, and will not adversely affect, the natural environment.

_____ The capacity of local utilities and public services is sufficient to accommodate all the uses permitted in the requested district without compromising the health, safety, and welfare of Benton Charter Township residents, including the capacity of the street system to safely and efficiently accommodate the expected traffic generated by uses permitted in the requested zoning district.

_____ Use will be compatible with soil erosion and sedimentation control requirements and groundwater protection management provisions of local, state, and federal laws.

_____ Use will be compatible with all relevant provisions of the Zoning Ordinance, including supplementary provisions for buildings, structures, uses, lots, yards, and premises, and specific requirements in the district in which the property is zoned.

Applicant(s) Certification:	
Applicant(s) acknowledges that the information submitted in and with this application is true and correct to the best of his/her knowledge.	
Applicant Signature(s):	Date:
	Date:

Applicant(s) Acknowledgement	
Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Benton Charter Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Benton Charter Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in compliance with the applicable Benton Charter Township Ordinance.	
Applicant Signature(s):	Date:
	Date:

Please submit completed application, above information and applicable fees to: Benton Charter Township Clerk
5136 Windsor Highway, Pottersville, MI 48876
Or by email to: bentontownship.clerk@gmail.com

THIS SECTION TO BE COMPLETED BY BENTON CHARTER TOWNSHIP ONLY		
Fee Received: \$ _____	Date: _____	By: _____
Escrow Deposit: \$ _____	Date: _____	By: _____
Date of Public Hearing: _____		Date of Publication: _____
Date of Mailing: _____		
On _____, 20____, the Benton Charter Township Planning Commission		
<input type="checkbox"/> Approved the special use permit for the following reason(s):		
<input type="checkbox"/> Approved the special use permit subject to the following stipulation(s):		
<input type="checkbox"/> Denied the special use permit for the following reason(s):		
Planning Commission Chairperson: _____	Signature _____	Date: _____
Zoning Administrator: _____	Signature _____	Date: _____

Copy of Completed Application and, if granted, copy of Permit retained by or provided to:			
<input type="checkbox"/> Applicant	<input type="checkbox"/> Planning Commission Chair	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> Township Clerk