

File #: _____

Date Submitted: _____

**CHARTER TOWNSHIP OF LYON
APPLICATION FOR SPECIAL USE REVIEW**

NOTICE TO APPLICANT: Applications for Special Use review by the Planning Commission must be submitted to the Township *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission's meeting at which the proposal will be considered. The application must be accompanied by six (6) individually folded copies of the site plan, plus the required review fees. Regular meetings of the Planning Commission are held on the second and fourth Mondays of the month at 7:00 p.m. Regular meetings of the Township Board are held on the first Monday of the month at 7:00 p.m. All meetings are held at the Lyon Township Hall, 58000 Grand River Avenue, New Hudson, Michigan, 48165. Phone number: 248-437-2240. Fax number: 248-437-2336.

Special Uses shall comply with the standards in Section 6.00 of the Zoning Ordinance. Accordingly, a public hearing shall be held by the Planning Commission before a decision is made on any Special Use request. Furthermore, a site plan shall be required, which shall be prepared in accordance with Section 5.00 of the Ordinance.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request Special Use Review and provide the following information to assist in the review:

Project Name: _____

Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Applicant's Legal Interest in Property: _____

LOCATION OF PROPERTY:

Street Address: _____

Nearest Cross Streets: _____

Sidwell Number: _____

PROPERTY DESCRIPTION:

If all or part is a recorded plat, provide lot numbers and subdivision name. If all or part is a condominium, provide unit numbers and condominium name. If all or part of the property is not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets, if necessary.

Property Size (Square Feet): _____ (Acres): _____

EXISTING ZONING (please check):

- | | |
|--|--|
| <input type="checkbox"/> New Hudson Zoning District | <input type="checkbox"/> B-1 New Hudson Development District |
| <input type="checkbox"/> R-1.0 Residential – Agricultural District | <input type="checkbox"/> B-2 Community Business District |
| <input type="checkbox"/> R-0.5 Single Family Residential District | <input type="checkbox"/> B-3 General Business District |
| <input type="checkbox"/> R-0.3 Single Family Residential District | <input type="checkbox"/> I-1 Light Industrial District |
| <input type="checkbox"/> RM-1 Suburban Township District | <input type="checkbox"/> I-2 General Industrial District |
| <input type="checkbox"/> RM-2 Multiple Family Residential District | <input type="checkbox"/> P-1 Vehicular Parking District |
| <input type="checkbox"/> MHP Mobile Home Park District | <input type="checkbox"/> PD Planned Development District |
| <input type="checkbox"/> O-1 Office District | <input type="checkbox"/> RO Research Office |

Present Use of Property: _____

Proposed Use of Property: _____

PLEASE COMPLETE THE FOLLOWING CHART:

Type of Development	Number of Units	Gross Floor Area	Number of Employees on Largest Shift
Detached Single Family			
Attached Residential			
Office			
Commercial			
Industrial			
Other			

ATTACH THE FOLLOWING:

1. Six (6) individually folded copies of the site plans, sealed by a registered architect, engineer, landscape architect, or community planner. If copies are submitted simultaneously for site plan review, then submittal of 6 additional sets of prints is not necessary.
2. A PDF file of the site plan.
3. Proof of property ownership (title insurance policy or registered deed with County stamp).
4. A brief written description of the proposed use.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled meetings, or the special use review may be tabled due to lack of representation.

APPLICANT'S ENDORSEMENT:

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

Signature of Applicant

Date

Applicant Name (Print)

Signature of Applicant

Date

Applicant Name (Print)

Signature of Property Owner Authorizing this Application

Date

Property Owner Name (Print)

TO BE COMPLETED BY THE TOWNSHIP		Case #: _____
Date Submitted: _____	Fee Paid: _____	
Received By: _____		