

**BRANT TOWNSHIP
APPLICATION FOR SPECIAL USE PERMIT
PLANNING COMMISSION**

TYPE / PRINT ALL INFORMATION: (SITE PLANS MAY BE REQUIRED)

DATE: _____

NAME OF APPLICANT: _____ PH # () _____

ADDRESS OF APPLICANT: _____

NAME OF OWNER: _____ PH # () _____

ADDRESS OF OWNER: _____

COMMON ADDRESS OF PROJECT: _____

TAX DESCRIPTION OF PROPERTY: _____
(ATTACH COPY OF DEED AND LATEST PROPERTY TAX NOTICE)

SPECIAL USE () TEMPORARY USE () REQUESTED: _____

ADDITIONAL INFORMATION: _____

SIZE OF BUILDING (MOBILE HOME) _____ x _____

SIZE OF PROPERTY _____ x _____ = _____ ACRES;

PRESENT ZONING _____

DEED RESTRICTIONS: YES _____ NO _____

FRONT SETBACK _____ FROM SIDE OR CORNER LOT _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

SPECIAL USE PERMIT
PROJECT INFORMATION

ON AN ATTACHMENT, PRESENT THE FOLLOWING:

(A) DIMENSIONED DRAWING OF:

- (1) PLOT PLAN --- SHOW ALL PROPERTY LINES AND BUILDINGS.
- (2) FRONT AND SIDE ELEVATIONS ---- SHOW HOW BUILDING(S) WILL APPEAR AS PLANNED.
- (3) FLOOR PLANS ----- SHOW ALL ROOMS, DOORS AND WINDOWS.

(B) PHOTOGRAPHS ---- INCLUDE AT LEAST FOUR, FROM EACH SIDE OF PROPERTY/BUILDING.

(C) SUBMIT A CHECK OR MONEY ORDER FOR \$450.00, PAYABLE TO BRANT TWP., WHEN RETURNING THIS APPLICATION TO THE BUILDING & ZONING ADMINISTRATOR. ---- (A CASH BOND MAY BE REQUIRED)

(D) IF YOU ARE NOT THE PROPERTY OWNER, YOU AND THE PROPERTY OWNER MUST ATTEND THE PLANNING COMMISSION HEARING. YOU WILL BE NOTIFIED OF THE TIME, PLACE AND DATE OF THE HEARING.

(E) RETURN APPLICATION & FEE TO: SCOTT CROFOOT
1355 WILSON AVE.
SAGINAW, MICHIGAN 48638
PH. (989)737-5671

DO NOT WRITE IN THE AREA BELOW. FOR TOWNSHIP USE ONLY.

DISPOSITION

FILING FEE RECEIVED: \$ _____ DATE _____

DATE OF HEARING _____

REQUEST # _____ HAS BEEN: APPROVED _____ DENIED _____
DATE DATE

COMMENTS _____
