



CITY OF WHITE CLOUD PLANNING & ZONING

SPECIAL LAND USE PERMIT APPLICATION

Application Fee: \$400.00
(non-refundable)

This application will not be accepted if incomplete. All required materials must be submitted to the Zoning Administrator forty-five (45) days prior to the next scheduled Planning Commission meeting to allow time to administer the public hearing notices. Planning Commission meetings are held on the 4th Tuesday of each month at 6:00 p.m. in the Council Chambers of the White Cloud City Office Building located at 12 N. Charles, White Cloud, MI.

Applicant Information

Name: _____ Phone: _____

Address: _____ E-mail: _____

Applicant's interest in Project: _____ Owner _____ Lessee _____ Other

If other, outline interest: _____

Owner Information (if other than Applicant)

Name: _____ Phone: _____

Address: _____ E-mail: _____

Property Information

Parcel number: _____ Current Zoning: _____

Address: _____ Size: _____ Acres _____ Square Feet

Short description of project: _____

Information to be Submitted:

1. Legal Description
2. Six (6)copies of a site plan.
3. A written response that supports each of the following Special Land Use general standards as outlined in Ordinance 13, "Special Land Uses" of the City of White Cloud Zoning Ordinance that will assist the White Cloud Planning Commission in its review process.
 - a. The Special Land Use shall be designed, constructed, operated and maintained in a manner harmonious with the character of adjacent property and the surrounding area.
 - b. The Special Land Use shall not change the essential character of the surrounding area.
 - c. The Special Land Use shall not be hazardous to adjacent property, or involve uses, activities, materials or equipment which will be detrimental to the health, safety or welfare or persons or property through the creation of hazardous or potentially hazardous situations or the excessive production of traffic, noise, odor, smoke, dust, fumes, glare or site drainage.
 - d. The Special Land Use shall not place demands on public services and facilities in excess of current capacity.
 - e. The Special Land Use shall comply with all applicable site plan review standards.
 - f. The Special Land Use shall be in general agreement with the intent and purposes of the White Cloud Zoning Ordinance.

Affirmation

I hereby attest that the information on this application and provided in association with it is, to the best of my knowledge, true and accurate. I understand that the deliberate withholding or falsification of information required above may result in denial of this application.

Printed name of applicant	Signature of applicant	Date
---------------------------	------------------------	------

Printed name of owner (if other than applicant)	Signature of owner	Date
---	--------------------	------

I hereby grant permission for members of the White Cloud Planning Commission and the White Cloud City Council to enter the above described property for purposes of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application.)

Signature of owner	Date
--------------------	------

FOR CITY USE

Application accepted by: _____ Date accepted: _____

Fee received: _____ Public Hearing date: _____

Hearing notice published in a newspaper of record (minimum 15 days prior to hearing) on: _____

An affidavit of mailing is on file. _____ Yes _____ No

