

**10 COPIES REQUIRED**

**ALBION TOWNSHIP, CALHOUN COUNTY, MICHIGAN  
APPLICATION FOR CONDITIONAL USE PERMIT**

**(NOTICE: APPLICANT IS LIABLE FOR ANY ENGINEERING, ATTORNEY,  
& PLANNING CONSULTANT FEES INCURRED BY THE TOWNSHIP)**

PLEASE PRINT OR TYPE (use additional sheets if more space is needed)

APPLICATION NO \_\_\_\_\_  
FILING DATE \_\_\_\_\_ 20\_\_\_\_  
FILING FEE \_\_\_\_\_ ESCROW FEE \_\_\_\_\_

Application is hereby made for a conditional use permit to locate a \_\_\_\_\_  
in the \_\_\_\_\_ zoning district.

NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS OF APPLICANT: \_\_\_\_\_  
PHONE NO. ( ) \_\_\_\_\_  
FAX NO. ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

NAME OF LAND OWNER (CONSENT REQUIRED): \_\_\_\_\_  
ADDRESS OF LAND OWNER: \_\_\_\_\_  
PHONE NO. ( ) \_\_\_\_\_  
FAX NO. ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE(s) OF LAND OWNER(s):  
\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: SEC. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standards for Approval:

Please state the reasons that each of the following standards will be met by the location of the proposed conditional use on the property. Attach any pertinent documentary materials supporting your answers:

a. Will be harmonious with and in accordance with the general objectives, intent and purposes of the Zoning Ordinance because:  
\_\_\_\_\_

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b. Will be designed, constructed, operated, maintained and managed so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity because:

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c. Will be served adequately by essential public facilities and services, such as highways, streets, police and fire protection, drainage structures and refuse disposal because:

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d. Will not be hazardous or disturbing to existing or future neighboring uses because:

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e. Will not create excessive additional requirements at public cost for public facilities and services because:

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Applicant does hereby swear that the above information is true and correct to the best of his or her knowledge.

Signature of Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_

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

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_

FILE THIS APPLICATION WITH AN ACCURATE SURVEY DRAWING OF THE PROPERTY, INDICATING

- THE LOCATION OF THE PROPERTY WITH RESPECT TO EXISTING ROADS, STREETS AND ADJACENT PROPERTY LINES.

- THE LOCATION OF EXISTING AND PROPOSED STRUCTURES, IF ANY.
- COMPLIANCE WITH ALL REGULATIONS, HEIGHTS, AND DIMENSIONS APPLICABLE WITHIN THE ZONING DISTRICT.

ALSO SUBMIT ANY OTHER INFORMATION REQUIRED BY THE ALBION TOWNSHIP ZONING ORDINANCE. FILE THIS APPLICATION AND ALL SUPPORTING MATERIALS WITH THE OFFICE OF THE TOWNSHIP CLERK AT LEAST 30 DAYS BEFORE THE PLANNING COMMISSION MEETING.

Fees Received: \$ \_\_\_\_\_ Township Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
20\_\_

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Date Application referred to Planning Commission \_\_\_\_\_ 20\_\_  
Public Hearing Notice Published: \_\_\_\_\_ 20\_\_  
Public Hearing Notices Mailed: Date \_\_\_\_\_ 20\_\_

Planning Commission Action: Recommends Approval ( ) Denial ( )  
Reasons and/or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_  
Chairman

Township Board action: Approval ( ) Denial ( )  
Reasons and/or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_

Supervisor: \_\_\_\_\_  
Signature

Clerk: \_\_\_\_\_  
Signature