RESIDENTIAL: \$350.00 COMMERCIAL: \$550.00 SPECIAL MEETING: + \$600.00

CHARTER TOWNSHIP OF FLINT ZONING - SPECIAL USE PERMIT APPLICATION

APPLICANT'S NAME AND ADDRESS	
	Phone ()
PROPERTY OWNER'S NAME AND ADDRESS	(if not the applicant)
	Phone ()
APPLICANT'S CAPACITY IF NOT PROPERTY Builder Have Option to purchase Agent/or	
PROPOSED CONSTRUCTION SITE ADDRESS	
construction, an address will not be known yet. An	(If new address is obtained after a zoning permit is issued.)
PARCEL SIZE	
PROPERTY DESCRIPTION	
PARCEL DATA PROCESS (tax) NUMBER	
ZONING DISTRICT (see zoning ordinance)	
ACTION REQUESTED: It is requested the Charter Township of Flint Plannipermit for the land described above for the purpose	
(attach sheets if necessary)	
(□ attached)	
Cite section and listing number where proposed use district:	e is specifically listed as allowed in the zoning
STATEMENT OF JUSTIFICATION FOR REQUE State specifically the reason for this special use per	
(attach sheets if necessary)	

PROVIDE THE FOLLOWING DATA:		
A. The legal seating and/or sleeping capacity of all buildings and structures, and number	oer	
of employees.		
B. A concise statement of all operations and uses which will be conducted on the land and buildings.		
C. A concise statement of all services, if any, to be offered to the public.		
D. Information concerning the intensity of use, including hours and times of operation		
and use, and the density of population which, will occupy and use the land use.		
E. Information concerning the generation of traffic and traffic movements.		
ADDITIONAL INFORMATION:		
A. Attach or list all deed restrictions for the property at question. (\square attached)		
B. Attach a list of names and address of all other persons, firms, or corporations having	10.0	
legal or equitable interest in the property at question. (\square attached)	ıg a	
C. This area is (check one) \square unplatted, \square platted, \square will be platted. If platted, name o	£	
plat:	1	
D. What is the present use of the property?		
E. Estimated completion date of construction (if applicable)?		
F. On Attached sheets, provide answers to the following questions. Please number the		
answers the same as they are numbered here. (If the answer to any of the questions		
numbered 1-4 is "no," a special use permit can not be issued (from section [§ 14.6-		
of the ordinance)).	ני	
(□ attached)		
1. Is the use, activities, processes, materials and equipment or conditions of operation design	ned	
to be compatible with and not be detrimental to the natural environment, public health, saf		
or welfare by reason of excessive production of traffic, noise, smoke, odors or other such	•	
nuisances?		
2. Is the use to be compatible with the Master Plan and the intent and purpose of the		
zoning district?		
3. Is the use compatible with existing or intended character of the general vicinity and so a	IS	
not to change the essential character of the area in which it is proposed?		
4. Is the use designed to insure that public services and facilities are capable of		
accommodating increased loads caused by the land use or activity?		
ATTACH 5 PAPER COPIES AND ONE DIGITAL COPY OF A SITE PLAN		

(\square attached)

ATTACH copies of permits or letter(s) showing (1) approval, (2) tentative approval, or (3) letter(s) of understanding for concurrent approval with the Genesee County Road Commission; from Genesee County Drain Commission; from the Michigan DNR, Michigan DEQ, and any other applicable agencies where a single purpose permit or approval is required. (□ attached)		
ATTACH a copy of the environmental assestatement, if applicable or if required. (□ attached)	ssment, or an environmental impact	
WHAT IS THE NUMBER OF ATTACHEI	O SHEETS:	
List and describe them:		
1. □ Action Requested.	Number of Pages	
2. □ Reason for Special Use.	Number of Pages	
3. □ Deed Restrictions.	Number of Pages	
4. □ List of all owners	Number of Pages	
5. □ Questions # 1- 4.	Number of Pages	
6. ☐ Site Plan.	Number of Pages	
7. □ Copies of permits or letters.	Number of Pages	
8. □ Environmental assessment.	Number of Pages	
9. 🗆	Number of Pages	
10. 🗆	Number of Pages	
11. 🗆	Number of Pages	
12.	Number of Pages	
(add more lines if needed)		
AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Charter Township of Flint Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of the Charter Township of Flint for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Charter Township of Flint, the County of Genesee and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a zoning permit application (not a permit) and that a special land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.		
Signed:		
Signed	Date:	
When completed send to:		

When completed send to: Charter Township of Flint Attn: Tracey Tucker 1490 S Dye Rd. Flint, Michigan 48532