



12803 S. Wacousta Rd., Grand Ledge, MI 48837
517-626-6593
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Application for Special Land Use Permit

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This application must be accompanied by a completed application for Site Plan Review

Applicant Name _____
Applicant Address _____
City/State/Zip _____
Office Phone _____
Cell Phone _____
Fax _____
Email _____

Permit Address _____
City/State/Zip _____
Parcel # 19- 150- _____
Zoning District _____

All questions must be answered completely.

If additional space is needed, number and attach additional sheets. Number of attached sheets: _____

What is the proposed use?

What is the existing use of the property?

Please make a statement of justification for the requested action.

What effects and hazards might this proposed use cause neighboring properties? Specify any expected noise, smoke, fumes, glare, odors or excessive traffic.

Staff use only:

Case Number _____ Date Filed _____ Fee _____ Receipt # _____

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What effects and hazards might the proposed use cause to natural resources, including disturbances caused by the project?

Is the proposed use generally compliant with the land use policies outlined in the Master Plan? Please explain.

How will the proposed use be designed, constructed, operated and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general area?

How will the special land use be served adequately by essential public facilities and services such as highways, streets, police, fire protection, drainage structures, refuse disposal, water and sewage facilities?

State of Michigan}
 }SS
County of Clinton}

Affidavit

The affiant is the _____, (owner, lessee, specify other) involved in this application; and that if this request is granted, in accordance with the Watertown Zoning Ordinance, actual use in accordance with the plans herewith submitted will be begun within twelve months from the date of the granting of a Special Land Use Permit, and that the affiant is able from a legal, financial, and physical bases to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of the affiant’s knowledge and belief; and the affiant will comply with all conditions placed upon this proposed use by the Planning Commission, if the Special Land Use Permit is approved.

Applicant Signature

Date

Notary Signature

Date

Subscribed and sworn to me this _____ day of _____ 20____
My Commission Expires_____