

**APPLICATION FOR SPECIAL USE PERMIT**

CASE NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE OF HEARING \_\_\_\_\_

FEE \$250 (Non-Refundable) TOWNSHIP \_\_\_\_\_ SECTION \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_

**I) NOTICE OF SPECIAL USE APPLICATION**

To Clyde Morgan, Chairperson, County Planning Commission for the County of Barry, State of Michigan, and to the members of the Barry County Planning Commission of said County.

The Applicant requests a special use permit for: \_\_\_\_\_

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

in the \_\_\_\_\_ zoning district, needs special use approval per Article 23 of the Barry County Zoning Ordinance of 2008.

Assistance with this application is available at the Barry County Planning Office

**APPLICANT: BEGIN HERE! THE ORIGINAL MUST BE SUBMITTED IN PEN OR TYPED. APPLICATIONS FILLED OUT IN PENCIL AND SITE PLANS DRAWN IN PENCIL CANNOT BE ACCEPTED. THE ORIGINAL FORMS MUST BE SUBMITTED (NO FAXES OR COPIES)!!!**

***II) Applicant Identification:***

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Property Owner(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

**DEADLINE FOR SPECIAL USE APPEALS IS \_\_\_\_\_ AT NOON**

**This appeal will be advertised per Public Act 110 of 2006, as amended**

THESE ITEMS LISTED BELOW MUST BE CHECKED OUT BEFORE THE SPECIAL USE APPEAL IS PRESENTED TO THE PLANNING COMMISSION.

PLEASE TAKE NOTICE THAT ANY HOME OCCUPATIONS, MECHANICAL REPAIR FACILITY, AUTO REPAIR, CHURCHES, PUBLIC BUILDINGS (I.E. MUSEUM, LIBRARY, FIRE STATION, GOVERNMENTAL BUILDING, CAMPGROUND, TRAVEL TRAILER PARK), OR ANY OTHER TYPE OF BUSINESS IN WHICH THE PUBLIC WILL BE OCCUPYING THE BUILDER OR STRUCTURE, MUST MEET ALL BUILDING CODE REQUIREMENTS, INCLUDING BARRIER FREE CODES.

THE PROPOSED BUILDING OR EXISTING STRUCTURE SHALL REQUIRE SEALED PRINTS BY AN ARCHITECT (YOU MUST SEE THE BUILDING OFFICIAL REGARDING THIS).

**HOME OCCUPATIONS**

HOME OCCUPATIONS CONDUCTED WITHIN THE HOME WHERE THE PRINCIPAL USE WILL BE MAINTAINED AS A DWELLING UNIT DOES NOT HAVE TO BE BARRIER FREE.

THOSE HOME OCCUPATIONS DONE IN A DETACHED BUILDING SHALL MEET BARRIER FREE REQUIREMENTS.

HEALTH DEPARTMENT OR PUBLIC SEWER APPROVAL IS NEEDED FOR SUCH BUSINESSES. A BEAUTY OR BARBERSHOP NEEDS HEALTH DEPARTMENT APPROVAL ALSO.

ANY PROPOSED PROJECT THAT WOULD HAVE HAZARDOUS WASTES SUCH AS OIL, ANTIFREEZE, OR ANY TYPE OF CHEMICALS, DOES REQUIRE DEQ APPROVAL (NEED TO CHECK WITH DEQ ON REQUIREMENTS).

**Barry Eaton District Health Department (269) 945-9516**

**Department of Environmental Quality, DEQ (616) 356-0500**

**Professional Code Inspections of Michigan (269) 948-4088**

**III) Action Requested**

It is hereby requested that the Barry County Planning Commission grant zoning approval, thus giving the Zoning Administrator or designee the authority to issue a permit for our request on the property described in "IV" Property Information (below).

**Please Note:** All questions must be answered completely. If additional space is needed number and attach additional sheets. The total number of attached sheets are \_\_\_\_\_.

**IV) Property Information**

a) Site location or address of property: \_\_\_\_\_

You must attach a copy of the legal description of the property (i.e., a deed, land contract with legal description, a tax receipt is not acceptable). If no description is provided, the application will not be accepted.

b) Are there deed or plat restrictions on the property? \_\_\_\_\_

c) The present use of the property is (circle one) residential, vacant, or other (please describe):

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

d) A previous application for a variance, special use permit or rezoning on this land (circle one) **has** **hasn't** been made with respect to these premises in the last \_\_\_\_\_ years. If a previous appeal, rezoning or special use permit application was made, state the date, and nature of action requested.

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

Was the appeal (circle one) **Approved** **Denied**

e) List the names and addresses of all other persons, firms, or corporations having a legal or equitable interest in the land.

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

**Please Note:** We will mail a notice to all property owners within 300 feet of your property. Public Act 110 of 2006, as amended, requires that public notices be sent to all property owners within 300 feet of the property boundary lines.

**V) Required Information Needed With Special Use Application**

a) Must have either the following type of Site Plan (if it is not included with this application it will not be accepted):

- 1. Basic Site Plan \_\_\_\_\_ Please see attached handout
- 2. Detailed Site Plan \_\_\_\_\_ Please see attached handout

**VI) Statement of Justification for Requested Action**

a) State specifically the reason for the special use permit requested at this time.

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b) Describe the property adjacent to your property and across the road.

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c) In your opinion, would the granting of your special use request be compatible with other properties/houses, or would it change the essential character of the area?

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d) Are adequate essential public services presently available to this property to ensure completion of your project? (circle one) **Yes** **No**

e) Have you received approval from the Barry/Eaton District Health Department and/or the Department of Environmental Quality for this use (if applicable)? (circle one) **Yes** **No**



**X) Affidavit**

I/We the undersigned affirm that I/We are (circle one) the owner(s), relative of owner, lessee, agent or other type of interest involved in the application; and that the answers and statements herein contained and information herewith submitted are in all respects true and correct to the best of my/our knowledge and belief.

If you are not the owner of the property you must have a written statement signed by the owner, which indicates a sufficient property interest or agency capacity.

I/We understand the construction of a building or placement of a structure cannot proceed until:

- 1) Approval by the Barry County Planning Commission
- 2) Approval by the Barry/Eaton District Health Department
- 3) The necessary building permit(s) have been obtained

\_\_\_\_\_  
Applicant / Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant / Property Owner Signature

\_\_\_\_\_  
Date