



SPECIAL USE PERMIT APPLICATION

BLUMFIELD TOWNSHIP

1175 W Vassar Rd

Reese, MI 48757

(989) 868-9512 (989) 868-9519 (fax)

A Special Use Permit is required for all uses listed as allowed by Special Use Permit in each zoning district. A permit may only be applied for to establish a use that is allowed by special use permit in a specified district. A Special Use permit is discretionary in nature. A Special Use must first meet the guidelines established for that use in the Zoning & Planning Code. Additional requirements may be imposed by the Planning Commission during the review of the permit, depending on the specific circumstances surrounding the proposal. A special use permit requires a public hearing. The notification for this hearing must be printed in the paper and sent to all property owners within 300' of the subject property.

Date of Application _____ Application No. _____

Property Location _____ Tax ID # 06-12-6-____-_____

Applicant's Name _____ Zoning District _____

Address _____ City, State, Zip _____

Telephone Number _____ Email Address _____

Property Owner's Name _____

Address _____ City, State, Zip _____

I (We), the undersigned, do hereby respectfully make application and petition the Blumfield Township Planning Commission to call a public hearing to determine whether there are objections for the use of said property as specified below (feel free to attach any additional information):

Describe the existing use of the property/structure: _____

Describe the proposed use of the property/structure: _____

Furthermore, after reading the applicable Township Code section(s), it is my (our) belief that said special use permit would comply with all requirements listed therein. **Application for a special use permit must be submitted twenty-five (25) days prior to the Planning Commission meeting. Planning Commission meetings are held quarterly on first Monday of the month at 7:00 pm.**

Applicant's Signature _____ Date _____

-Office Use Only-

Planning Commission Action: Date of First Appearance: _____ Date of Public Hearing: _____

Findings: Approved Denied Other _____

Payment: No Charge Invoice Cash Check No. _____ Date Rec'd: _____