## **LONDON TOWNSHIP APPLICATION FOR SPECIAL USE REVIEW**

Date:	Application No	
submitted to the Township in substantially complete Commission's meeting at which the proposal will be (12) individual folded copies of the site plan, plus the Commission are held on the first Monday of each means and Township Board meetings are held on the	pecial Use Review by the Planning Commission must be a form at least one (1) month prior to the Planning considered. The application must be accompanied by twelve a required review fees. Regular meetings of the Planning nonth (unless otherwise noted in the Township Hall), at 7:30 second Monday of each month at 7:30 p.m. All meetings are 3613 Tuttlehill Road, Milan, Michigan 48160. Phone number	
Ordinance. Accordingly, the Planning Commission	icle 12, Section 12.02, Special Uses, of the Township Zoning shall hold a public hearing before a decision is made on any be required, which shall be prepared in accordance with	
PLEASE PRINT LEGIBLY		
Applicant:		
Address:		
City:	State:Zip Code:	
Phone:	Fax:	
Email:	· · · · · · · · · · · · · · · · · · ·	
Property Owner (if different from Applicant):		
Address:	7	
City:	State:Zip Code:	
Phone:	Fax:	
Location of Property:(Attach legal description)		
	Area:	

Proposed Use of Property: \_

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## **INCLUDE THE FOLLOWING:**

- 1. Twelve (12) individually folded copies of the site plan (additional plans will be needed for the Board of Trustees meeting).
- 2. Proof of property ownership.
- 3. A brief written description of the proposed use.
- 4. Review comments or approval received from county, state or federal agencies that have jurisdiction over the project, including but not limited to:
  - Monroe County Road Commission
  - Monroe County Health Department
  - MI Department of Transportation
  - U.S. Army Corps of Engineers
  - Monroe County Drain Commissioner
  - MI Department of Natural Resources
  - ❖ MDEQ
  - ◆ FEMA

**PLEASE NOTE:** The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the case may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a Special Use application or to revoke any permits granted subsequent to approval.

APPLICANT'S ENDORSEMENT:	
All information contained herein is true and accurate to the being application will not be reviewed unless all information required Ordinance have been submitted. I further acknowledge that the held liable for any claims that may arise as a result of acceptable.	uired in this application and the Zoning he Township and its employees shall not
Signature of Applicant	Date
Signature of Applicant	Date
Signature of Property Owner Authorizing this Application	Date

## TO BE COMPLETED BY THE TOWNSHIP

Case N	0	
Date Submitted:	Fee Paid:	
Received By:		
PLANNING COMMISSION ACTION (R	ECOMMENDATION)	
To Approve:	To Deny:	<del></del>
Date of Action:	· 	
Reasons for Recommendation:		
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TOWNSHIP BOARD ACTION		
Approved:	Denied:	
Date of Action:		
Reasons for Action Taken:		
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Conditions:		
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