

APPLICATION FOR REHEARING SPECIAL USE PERMIT

** FOR OFFICE USE ONLY **

CASE NUMBER _____

RECEIPT NUMBER _____

DATE RECEIVED _____

DATE OF HEARING _____

REHEARING

FEE \$250.00 (Non-refundable)

TOWNSHIP _____

SECTION _____

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 _____ zone, needs use approval per Article 23, Section 2301, G. Amendments, of the Barry County Zoning Ordinance of 2008, as amended.

**APPLICANT: PLEASE START HERE.
ORIGINAL APPLICATION MUST BE SUBMITTED IN INK OR TYPED.**

II) Applicant Identification:

Name of Applicant

Name of Property Owner

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

**DEADLINE FOR SPECIAL USE PERMITS IS ON _____ AT NOON
This appeal has to 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 BUILDING 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 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 EGLE ON REQUIREMENTS).

Barry Eaton Health Department (269) 945-9516

Department of Environment, Great Lakes, and Energy (EGLE) (616) 356-0500

Professional Code Inspections of Michigan, Building Official (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 "VI" 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 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) Previous Special Use Permit: Date _____ and nature of action requested

Was the Special Use Permit (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. _____

f) Attach a detailed site plan (on paper no larger than 11" x 17", if larger you must provide ten 10 copies) showing proposed use with setbacks from road and property lines (see sample attached). Information required by Article 27, Section 2703 of the Barry County Zoning Ordinance of 2008.

V) Statement of Justification for Requested Action

a) State specifically the reason for the rehearing of the special use permit _____

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

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? _____

d) Attach a site/development plan, and described your future plans. _____

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

f) Have you received approval from the Barry/Eaton District Health Department and/or the Department of Environment, Great Lakes, and Energy (EGLE) for this use (if applicable)? (Circle one) **Yes** **No**

g) If in an A or RR zoning district, would granting this special use be detrimental or in conflict with existing or potential farming operations? (Circle one) **Yes** **No**
If yes, explain: _____

b) Do you grant the Planning Commission permission to access your property to view the proposed site? (Circle one) **Yes** **No**

VII) Additional Comments

VIII) 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.

Note: 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:

- 01) Approval by the Barry County Planning Commission
- 02) Approval by the Barry/Eaton District Health Department
- 03) The necessary building permit(s) have been obtained

Applicant / Property Owner Signature

Date

Applicant / Property Owner Signature

Date