PORT SHELDON TOWNSHIP
16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org | info@portsheldontwp.org

SPECIAL LAND USE APPLICATION

Submit at least 28 days prior to desired meeting to:
Port Sheldon Township
16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

TO THE PLANNING COMMISSION C/O ZONING ADMINISTRATOR. Application is hereby made pursuant to the provisions of the Zoning Ordinance:

Name of Applicant_____Phone _____

Mailing address of applicant_____

Address of subject property_____

Parcel number of subject property_____ Zoning _____

Applicant's interest in property_____

Name of owner_____Phone_____

Address of owner_____

Present use of structure/property_____

Proposed use of structure/property_____

Size of existing/proposed structure_____

Description of existing/proposed structure_____

Describe the nature of your request_____

_____

_____

If there has been a previous request involving this structure/property, state date, character and outcome of request_____

_____

_____

Signature of Applicant/owner/agent (circle one) and date

FILING FEE $1000.00*

*Requires escrow account for $1500.00 to offset additional engineering, planning, or legal costs incurred by the township per application. If the amount held in escrow becomes less than 10% of required amount, then funds shall be added to at least the originally required amount. Unused funds shall be returned to the applicant.

A SITE PLAN AND BUILDING PLANS MUST BE SUBMITTED WITH THIS APPLICATION, AND SUBMITTED WITH TEN COPIES