



# SPECIAL USE APPLICATION

9991 Marilla Rd. Copemish, MI 49625 (231) 362-3555

## PART 1: To be completed by the applicant

<b>Applicant Name</b>		
<b>Applicant Address</b>		
<b>Applicant Email</b>		
<b>Applicant Phone</b>		
<b>Applicant Capacity</b>	<b>Owner</b>	<b>Other (Details Below)</b>

## Proposed Special Use Site

<b>Address (If available)</b>	
<b>Section</b>	
<b>Parcel Number</b>	
<b>Property Description</b>	
<b>Present Use of Property</b>	
<b>Current Zoning of Site</b>	
<b>Any Deed or Land Restrictions</b>	
<b>Other Invested Parties: Name and Address</b>	
<b>Estimated Completion Date</b> <i>(If Applicable)</i>	

**Proposed Special Use and Action Requested**

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**Has a previous VARIANCE, SPECIAL USE PERMIT OR REZONING REQUEST been made with respect to these premises? If so: When and what was the outcome?**

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**Justifications for request and impacts on surrounding areas:**

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**AFFIDAVIT:**

*I agree the statements made above are true, and if found to be false, this Special Use permit may be revoked. Further, I agree this permit is issued with the understanding that the conditions and regulations given in Part 2 below and any other applicable sections of the Marilla Township Zoning Ordinance will be complied with. Also, I agree to notify the Marilla Township Zoning Administrator named below for inspection before the start of construction, if applicable, when locations of proposed uses are marked on the ground. Further, I understand this is a Special Use permit which conveys land use rights and does not include any representation of conveyance of rights in any other statute, building code, deed restriction, or other property rights.*

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**SIGNATURE OF APPLICANT**

**DATE**

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**MARILLA TOWNSHIP ZONING ADMINISTRATOR**

**CONTACT INFO**

Option to complete form online or submit by email by going to **marillatownshipmi.gov**



9991 Marilla Rd. Copemish, MI 49625 (231) 362-3555

# SPECIAL USE PERMIT

**PART 2: To be completed by the Marilla Township Zoning Administrator**

<b>Zoning Classification of Proposed Special Use Site</b>	
<b>Minimum Land Area Requirements per Zoning Ordinances</b>	
<b>Minimum Setbacks:</b> Front Yard Side Yard Rear Yard	
<b>Site Plan Attached</b> <i>(if required)</i>	
<b>Number of Parking Spaces Required by Zoning Ordinances</b>	
<b>Property Number</b>	<b>51 - 09 -       -       -</b>
<b>Expiration Date for Special Use Permit</b>	
<b>Other Zoning Requirements:</b> <b>Article/Section</b>	
<b>Special Use Permit:</b> <b>APPROVED                      DENIED</b>	<i>(LETTER ATTACHED)</i>
<b>Public Notice Date</b>	
<b>Public Hearing Date</b>	

**PERMIT NUMBER:** \_\_\_\_\_

**FEE: \$** \_\_\_\_\_ **CHECK / CASH    RECEIPT NUMBER:** \_\_\_\_\_

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**MARILLA TOWNSHIP ZONING ADMINISTRATOR SIGNATURE**

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**ZA PRINTED NAME**

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**DATE**

*Attention: When applying for a special use permit, be aware that public notices and hearings are required for issuance. The process takes time and permits are not issued without due process.*