

**SPECIAL LAND USE APPLICATION
TOWNSHIP OF DEXTER
WASHTENAW COUNTY, MICHIGAN**

| | |
|---|--|
| For Official Use Only | |
| File No. _____ | Date: _____ |
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Township Clerk |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Register of Deeds |
| <input type="checkbox"/> Zoning Administrator | |

1. Applicant: Name: _____
 Address: _____
 Phone Number: _____
 Interest in Land: _____

2. Proposed Use: _____

3. List Others with Equitable Interest: _____

4. Attach Legal Description, Tax Description, and Popular Location of Property:

5. List all persons within 300 feet of the above described premises to whom any real property is assessed and or occupy single and two-family dwellings and note their address:

6. Attach an accurate survey and site plan of property and indicate activities, thereon, showing existing and proposed location of all buildings. The types, thereof, and their use.

Attach statements and supporting data, exhibits, etc., showing that you will meet the standards of articles 7 and 16 of the Dexter Township Zoning Ordinance. *(You are encouraged to obtain a copy of the Zoning Ordinance prior to submitting this application.)*

The undersigned states that the foregoing statements and attachments are true and correct to the best of their knowledge and belief.

Date: _____ Signed: _____

A. NOTICE OF PUBLIC HEARING was mailed on _____ to be received at least 15 days before the date of the PUBLIC HEARING which was held on _____ whose notice was also published in the _____ NEWSPAPER(s) on _____

B. The Planning Commission reviewed the particular circumstances of the above proposed use relative to Articles 6 and 16 and (approved) (disapproved) same on _____, 20____. (Evidence supporting disapproval of proposed use is attached.)

C. Conditions imposed on the use of the above described property. Breach of such conditions shall automatically invalidate this permit.

DATE CHAIRMAN SECRETARY
