



Gratiot County Planning Commission
 Department of Community Development
 214 E Center St., Ithaca, MI 48847
permits@gratiotmi.com / (989) 875-5201

Office Use Only:
 Date Received

Special Land Use/Rezoning Application

Elba, Hamilton, Lafayette, Newark, North Star and Summer Townships

Submit this completed application to the Gratiot County Community Development Office. A public hearing will be scheduled at which time the application and detailed site plan will be reviewed. All property owners within 300 feet of the property lines of the parcel in question will be notified. Application Fee (Non-refundable): \$450.00

1. Property Owner Information

NAME:		MAILING ADDRESS:	
CITY/VILLAGE:		STATE:	ZIP CODE:
EMAIL ADDRESS:		PHONE #:	

2. Parcel Information

ADDRESS:		CITY/VILLAGE:	
STATE:		ZIP CODE:	PARCEL #:
ZONING DISTRICT:		CURRENT USE:	
TOWNSHIP: <input type="checkbox"/> ELBA <input type="checkbox"/> HAMILTON <input type="checkbox"/> LAFAYETTE <input type="checkbox"/> NEWARK <input type="checkbox"/> NORTH STAR <input type="checkbox"/> SUMNER			

3. Zoning Information

Rezoning Text or Map Amendment: **Check all that apply below**

Proposed Amendment	Description
<input type="checkbox"/> Text Amendment	Original Language: _____
	Proposed Language: _____
<input type="checkbox"/> Map Amendment	Current Zoning District: _____ Proposed Zoning District: _____
Land Description	***Include copy of most recent tax bill or copy of deed.
Reason for Request	_____ _____
Site Plan	***Include copy of site plan with property lines, existing structures, water features (drains, lakes, ponds, creeks, etc.), labeled roads and nearest cross roads.

Special Land Use Permit:

Proposed SLUP	
Land Description	***Include copy of most recent tax bill or copy of deed.
Statement	***Include a written statement describing how the special and use being requested meets the specific standards for the use. Standards for all SLUs can be found in the Gratiot County Zoning Ordinance Chapter 16 Special Land Uses.
Site Plan	***Include (12) physical copies or (1) digital copy of site plan meeting the requirements of Zoning Ordinance Section 14.4.

3. Adjacent Property Owners

Include all names and addresses of property owners with real property within 300' (adjacent) of the proposed parcel affected by the request: _____

4. Applicant Information

NAME:		MAILING ADDRESS:	
CITY/VILLAGE:	STATE:	ZIP CODE:	
EMAIL ADDRESS:		PHONE #:	

I hereby grant permission for members of the Gratiot County Planning Commission to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application.

Note to Applicant: This is optional and will not affect the decision on your application.

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES APPLICABLE TO THIS APPLICATION. APPLICANT HEREBY CERTIFIES THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND AGREES TO CONFORM TO THE GRATIOT COUNTY ZONING ORDINANCE. ALL INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF APPLICANTS KNOWLEDGE.

X _____ Date
Applicant Signature

*****DEPARTMENT USE ONLY*****

APPLICATION – APPROVED DENIED DATE OF PUBLIC HEARING: _____.

Zoning Administrator Signature Date