

**SHERIDAN TOWNSHIP
CALHOUN COUNTY, MICHIGAN
REQUEST FOR CONDITIONAL USE PERMIT**

An Application for any condition use permit shall be made to the Zoning Administrator by (1) filling in the official Conditional Use Application form, which, if approved becomes the Conditional Use Permit, (2) submitting required data, exhibits, and information, and (3) depositing the necessary fee in accordance with the Township schedule of fees. If the application is complete, the Zoning Administrator refers the application to the Planning Commission with a file copy to the Township Clerk. Conditional Uses which also require site plan review and approval must be submitted and noticed simultaneously under the Ordinance. Be advised that the applicant must comply with Article 15 of the Township Zoning Ordinance when applying for a Conditional Use. As a courtesy, those sections are attached to this application for the applicant's review.

The Township Board with recommendations from the Township Planning Commission shall have the authority to grant conditional use permits, subject to such conditions of design and operation, safeguards and time limitations as it may determine for all conditional uses specified in the various district provisions of this Ordinance.

In a hearing on a request for any conditional use, the Sheridan Township Planning Commission shall be governed by the general criteria contained in Section 15.06 of the Zoning Ordinance:

- A. Will be harmonious with and in accordance with the general objectives, intent and purpose of this Ordinance and the Township Master Plan then in effect.
- B. Will be designed, constructed, operated, maintained and managed so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity.
- C. Will be served adequately by essential public facilities and services, such as: highways, streets, police and fire protection, drainage structures, refuse disposal or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such service.
- D. Will not be hazardous or disturbing to existing or future neighboring uses.
- E. Will not create excessive additional requirements at public cost for public facilities and services.
- F. The property will be a substantial improvement to property in the immediate vicinity and to the community as a whole. Sheridan Township 15 - 3 Zoning Ordinance
- G. The property will not involve uses, activities, processes, materials, equipment and conditions of operation that will be detrimental to any person, property, or the general welfare by reason of excessive traffic, noise, smoke, fumes, glare or odors.

The Sheridan Township Planning Commission shall study the plan, shall provide the required notice of public hearing. The Township Planning Commission may impose such additional conditions, limitations, requirements and safeguards deemed necessary for the protection of the individual property owners in the vicinity and to insure that the intent and objectives of this Ordinance will be observed. If the facts

presented in the case do not reasonably establish that the findings and standards set forth in this Ordinance will apply to the proposed use, the Planning Commission shall not grant a conditional use.

**SHERIDAN TOWNSHIP
Calhoun County, Michigan**

See page 4 for mailing instructions and other communications information.

APPLICATION FOR CONDITION USE
An application to submit an Affidavit of Conditional Use.

Important Notice to Applicants: *A minimum of eight (8) copies of this completed application, along with the same number of copies of supporting documents described below, must be submitted to the Zoning Administrator. The application must be completed in full. If additional space is needed, number and attach additional sheets.*

Name Street Address City/State/Zip Code Telephone #

1) **APPLICANT** _____

Other numbers: Land Line: _____ Cell: _____ Fax: _____

2) **LANDOWNER** _____
(if different than applicant)

3) **APPLICANT'S INTEREST IN PROPERTY** (check one): Owner Lessee Buy Option
 Other/Specify: _____

4) **PROPERTY INFO:** Street Address: _____

Tax Parcel #: _____

Deed Restrictions on Property (Check one): Yes No Acreage: _____

Is Property in a (check if "yes"): platted or condominium subdivision?

Subdivision Name (if applicable): _____

Present use: _____

The property is zoned _____. We are applying for a Conditional Use as allowed in Section _____, Subsection _____ in the Sheridan Township ordinance.

5) **SUPPORTING DOCUMENTS.** The applicant must attach a statement and supporting data, exhibits, information and evidence supporting the application as set forth in the Zoning Ordinance, including the requirements for site plan review, per Article 15 of the Ordinance. This Conditional Use application serves as the Application for a Zoning Permit.

6) Describe the proposed operation:

7) Describe how the following will be affected by the proposed operation:

Traffic Congestion: _____

Noise: _____

Glare: _____

Air Pollution: _____

Land Pollution: _____

Fire or Safety Hazards: _____

Emission of potentially harmful or obnoxious matter or radiation: _____

8) How will sewage and waste be treated: _____

(The Planning Commission may request engineering and architectural plans of the treatment and disposal of sewage if it deems it necessary).

9) List the number of employees and shifts you foresee in this operation: _____

10) Please explain why you think this proposed project should be approved? _____

(this space left intentionally blank)

AFFIDAVIT: I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the Affidavit of the Conditional Use applied for, if granted, is issued on the representations made herein and that the Conditional Use Permit, Zoning Permit or Building Permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance requirements.

I (we) the undersigned authorize the Zoning Administrator, Building Official, Inspectors, Township Officials, Health Department, and any other person authorized by the Zoning Administrator to enter the property for the purposes of conducting inspections for compliance. We will make the building, if any, available for inspection upon request of a township official identified herein on 24 hours' notice. Failure by the undersigned to permit an inspection shall result in the Conditional Use Permit, Zoning Permit or Building Permit being denied, or immediate termination of the Conditional Use Permit, Zoning Permit or Building Permit that has been issued.

Applicant Signature(s) Date	Property Owner's(s) Signature(s) Date (if different than applicant)

MAILING DIRECTIONS, ZONING ADMINISTRATOR COMMUNICATIONS, AND FEES
 This application must be returned with a payment (check) for all applicable fees to the following address:

Thomas N. Shedd
 Zoning Administrator, Sheridan Township
 13355 29 Mile Rd, Albion, MI 49224

Telephone: 517-629-2604 Fax: 517-629-8945

Please contact the Zoning Administrator for applicable fees. All checks for application fees must be made out to "Sheridan Township".

SPACE FOR TOWNSHIP USE ONLY

Application Number: _____ Tax Parcel #: _____

Date(s) Received: _____

Date of Planning Commission meeting: _____

Applicant notified: _____ By: _____

Date Noticed for Public Hearing : _____ By: _____

To adjoining property owners within 300 feet: _____ By: _____

Fees Paid:	Date	Amount	Check #	Receipt #

Actions Taken: _____

Date: _____

Action Taken by _____ (approved, denied, approved w/conditions, tabled, etc)

OTHER COMMENTS: