Elk Rapids Township, Antrim County, Michigan
Planning Commission APPLICATION

Applicant _____ **Agent** _____
(Property Owner)

Address _____ Address _____

_____ _____

City – State – Zip Code _____ City – State – Zip Code _____

Phone / Cell _____ Phone / Cell _____

Fax Number _____ Fax Number _____

Email _____ Email _____

INSTRUCTIONS

For your reference, the Elk Rapids Township Zoning Ordinance is on-line at **http://www.elkrapids.com/Township**

The Planning Commission regularly meets on the third Tuesday evening of the month as scheduled at the Government Center, 315 Bridge St. in Elk Rapids. Applicants desiring a public hearing must submit this completed Application accompanied by any other required documentation and the Hearing Fee no later than 45 days prior to a Planning Commission meeting.

Applications should be delivered to either:

Elk Rapids Township Zoning Administrator
315 Bridge St., P.O. Box 365
Elk Rapids, MI 49629-0365

or

Elk Rapids Township Clerk
315 Bridge St., P.O. Box 365
Elk Rapids, MI 49629-0365

The Fee Schedule for Planning Commission hearings, per Township Board Resolution 98-07 is:

	REGULAR MEETING	SPECIAL MEETING
Rezoning Application (PC)	$ 200.00	$ 500.00
Special Exception Application (PC)	250.00	500.00
Site Plan Review (PC) & Site Plan Modification (PC)	200.00	500.00
Non-Conforming Use Upgrade (ZBA/PC)	100.00	200.00
Planned Development Zone (PC)	50.00/acre or ($200.00 min)	175.00/acre or ($300.00 min)

Applicants seeking a formal Site Plan Review Hearing are advised to study the complete text contained in the Elk Rapids Township Zoning Ordinance Chapter 17, and Parking & Loading Requirements in Chapter 14.

Except for plans in the Single and Two Family Zones, a copy of the proposed Site Plan must be provided to the Elk Rapids Township Emergency Services Departments as listed on the Elk Rapids Township Web Site for review.

5A. Action Requested

I/We the undersigned request a hearing before the Elk Rapids Township Planning Commission for the purpose indicated below:

_____Special Exception - Special Use Permit

_____ Rezoning Request

_____ Site Plan Review for:

_____ Commercial Zone _____ Planned Development Zone

_____ Manufacturing Zone _____ Multiple Family (R-3) Zone

_____ Environmental Zone _____ Agricultural Zone

_____ Modifications to Previously Approved Site Plan

Approval Date of Previous Site Plan _____

_____Other _____

B. Property Information

1. Present Zoning Classification _____ Property Tax #_____
2. Present Use _____ Physical Address _____
3. If property is platted, name of Plat and Lot #: _____
4. If unplatted, Legal Description of property affected by this request. Attach a complete property description with this application.
5. Are there any deed or plat restrictions affecting this parcel of property? ____Yes ____ No. If Yes, attach a copy of these restrictions with this application.
6. Names and addresses of all persons and/or firms other than yourself having a legal interest in the business and/or land.

   _____

   _____
7. Attach ten (10) copies of the Site Plan including dimensioned location and size of existing and proposed buildings, property size, and all other pertinent information per Zoning Ordinance Chapter 17, Sections 17.01 - 17.11.
8. What public utilities are available or in use at this property?
9. List any other Authorities which may have jurisdiction or overlapping interest in this proposed project: (i.e. Elk Rapids Village or adjacent Township, MDEQ, Antrim County Health Department or Soil Erosion Department, U.S. Corps of Engineers, etc.)

   _____

   _____

C. Describe the proposed Use or Structural changes that make Planning Commission Review necessary:

_____

_____

_____

_____

_____

_____

D. Possible positive impacts of this proposal on the surrounding properties and the Township:

_____

_____

_____

_____

_____

_____

_____

E. Possible negative impacts of this proposal on the surrounding properties:

_____

_____

_____

_____

_____

_____

F. AFFIDAVIT

The undersigned acknowledges that if a change is granted or other decisions affecting the property represented by the undersigned are reached by the Planning Commission, the said decision does not relieve the applicant from compliance with all other provisions of the Township Zoning Ordinance. The undersigned further affirms that he/she is or they are the:

____owner(s) _____authorized agent of the owner of the property involved in the appeal, (**owners MUST sign**) and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of the knowledge and belief of the undersigned.

_____ (owner) (date)

_____ (Authorized agent) (date)

_____ (owner) (date)

_____ (owner) (date)

G. PERMISSION TO ENTER PROPERTY

I / We herewith grant permission for members of the Elk Rapids Township Planning Commission and the Zoning Administrator to enter my lot(s) / property for the purpose of investigating the scope and effect of this request.

_____ (Signature) _____ (Title) _____ (Date)

_____ (Signature) _____ (Title) _____ (Date)

H. ATTACHMENTS:

_____ Property Description

_____ Assignment of Agent

_____ Plat or Deed restrictions

_____ Hearing Fee

_____ Site Plan

_____ Other