

**Elk Rapids Township, Antrim County, Michigan  
Planning Commission APPLICATION**

**1**

<b>Applicant</b> _____ (Property Owner)	<b>Agent</b> _____
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 second 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 33 days prior to a Planning Commission meeting.

**Applications should be delivered to either:**

<u>Elk Rapids Township Zoning Administrator</u> 315 Bridge St., P.O. Box 365 Elk Rapids, MI 49629-0365	or	<u>Elk Rapids Township Clerk</u> 315 Bridge St., P.O. Box 365 Elk Rapids, MI 49629-0365
--	----	---

The fees as established in the Elk Rapids Township Fee Resolution Schedule must accompany the complete application. (Ordinance Section 17.04)

**Site Plan Review**

Applicants seeking a formal Site Plan Review Hearing are advised to study the complete Site Plan submission requirements found in Chapter 17 of the Elk Rapids Township Zoning Ordinance, and that applicable section where a Site Plan is required for specific use.

**Time Limitation of a Site Plan Review**

Any approval of a Site Plan becomes null and void twelve months from the date of approval unless the owner or agent shall have taken substantial steps toward effecting the Site Plan as approved by the Planning Commission. (Ordinance Section 17.07)

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.

**A. 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      | _____ Hearing Fee |
| _____ Assignment of Agent       | _____ Site Plan   |
| _____ Plat or Deed restrictions | _____ Other       |