



# BAY TOWNSHIP – CHARLEVOIX COUNTY

05045 Boyne City Road • Boyne City, Michigan 49712

Phone (231) 582-3594 Fax (231) 582-7313

## SPECIAL USE PERMIT APPLICATION

- Please call the Zoning Administrator (Ron Van Zee) at (231) 497-4701 for any questions.
- Answer all questions and include all required attachments.
- Attach a check payable to “Bay Township” for **\$250**.
- Return completed application to: Bay Township Zoning Administrator  
05045 Boyne City Rd.  
Boyne City, MI 49712

The applicant shall attach the following information with this Special Use Permit Application:

- Legal description and survey of the property.
- Detailed property boundary map showing existing and planned uses and structures. Indicate any wetlands, lakes or streams on this or adjacent property.
- Ten copies of the proposed site plan (as per Bay Township Zoning Ordinance Article XII)
- Completed Site Plan Review Checklist form, and a completed Environmental Impact Statement.

### 1. GENERAL INFORMATION

Parcel Identification Number: 15-001-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Parcel Size: \_\_\_\_\_

Applicant’s Name: \_\_\_\_\_

Applicant’s Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Landowner’s Name (if not applicant): \_\_\_\_\_

Landowner’s Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Landowner’s Authorization to proceed (if not applicant): \_\_\_\_\_

### 2. REQUESTED SPECIAL USE

Describe the proposed special use being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. ACKNOWLEDGEMENT

I authorize Bay Township (staff, appointed board and/or commissions, or committee members) to enter upon the subject property for purposes of making inspections related to this application. Such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all the above information is accurate to my fullest knowledge.

Owner's Signature(s): \_\_\_\_\_

Signature of Applicant, if different than Owner: \_\_\_\_\_

Date: \_\_\_\_\_

#### Township Use Only

Date Application Completed: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Newspaper Publication Date: \_\_\_\_\_

Planning commission Review Date: \_\_\_\_\_

Planning Commission Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_