



# CITY OF ALBION—APPLICATION FOR SPECIAL USE PERMIT

City of Albion Planning Department (517) 629-5535  
 South Central Michigan Construction Code Inspections (888) 249-7077

**Application Instructions:** Complete all sections of this form. Type or use black ink. No application will be considered submitted or processed by the Planning Department until a complete application and all required documents are received.

**Required Documents:**

- Twelve sets of plans, drawn to scale in black line or blueprint, showing the:
  - ◆ shape and dimensions of the lot to be built upon or to be changed in its use,
  - ◆ exact location, size, and height of all buildings or structures (including fences) on the lot,
  - ◆ location of sidewalks, public streets, and curb cuts,
  - ◆ location and dimensions of improved driveways and parking areas.
- Proof of payment for zoning permit application fee.

**Fee:** \$75

**Additional Instructions:** The applicant, or a representative with a letter of authority or power of attorney for the applicant, must be present at a meeting of the Albion Planning Commission and at a public hearing concerning this application.

<b><i>FOR OFFICE USE ONLY</i></b>
Permit #: <b>20</b> - _____
Stamp here for "Date Received"
Received by

<b><i>Deposit to Account. #101-400-483.00</i></b>
Stamp here for "Paid"
Amount:

Stamp here for "Approved/Deny"
Date

**1. Property Information:**

Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		Parcel Number
Zoning District	Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial <input type="checkbox"/> Other (describe)

**2. Owner Information:**

Name: <i>Include Contact Person If Applicable</i>		Phone
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State Zip Code:	

**3. Applicant Information:**

Name: <i>Include Contact Person If Applicable</i>		Phone
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>	City, State Zip Code:	

#### 4. Proposed Use of Site

*Attach additional pages describing the present and proposed uses of the property for which a new zoning classification is requested. Explain reasons why the applicant believes a Special Use Permit should be granted.*

#### 5. Certification

I hereby certify that I am the owner of record of the named property, or that the special use permit is requested by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the Albion Planning Commission and Planning Department staff to inspect the site as a part of the consideration of this request. I hereby affirm that if this special use permit is granted, I will comply with all general and specific special-use conditions required by the Planning Commission under the zoning ordinances. However, I retain the right to decline the special use permit if I find those conditions unacceptable. Finally, should a special use permit be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		City, State, Zip Code

*For Planning Department Use Only*

#### 6. Evaluation and Determination

##### PUBLIC NOTICE

<i>Public Notice in Newspaper</i>	<i>Letter to Nearby Properties</i>	<i>Public Hearing Date</i>
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##### PUBLIC HEARING

<i>Planning Commission Action (In Favor, Opposed)</i>	<i>Date Applicant was Notified of Commission Decision</i>
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##### PLANNING DEPARTMENT APPROVAL/DENY

<i>Signature</i>	<i>Date</i>
<i>Notes</i>	<i>Stamp</i>