Village of Cass City

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Office Hours 8:00am to 4:30pm M-F

INTERNAL USE ONLY	
Date Received:	
Received By:	
Permit#:	
Receipt#:	Fee: $
Method of Payment:	

Special land use may be permitted after review and approval by the Planning Commission. Special land uses require a public hearing. The special land use request must comply with the listed special land uses in the respective zoning district.

APPLICATION MUST BE COMPLETE - INCOMPLETE APPS MAY BE RETURNED TO THE APPLICANTS

1. LOCATION

Address:	Parcel Code: 035-	
City/Village:		Zip Code:
Between:	And:	

2. APPLICANT INFORMATION

Applicant Name:		
Address:		
City/Village:		Zip Code:
Home Phone:	Work Phone:	Email:

3. ZONING QUESTIONS

What is the zoning district of the property?	
What is the proposed special land use?	
Will new construction or alteration of an existing structure be required?	☐YES ☐ NO

4. SPECIAL LAND USE QUESTIONS

Will road improvements be necessary to adequately serve the proposed Special Land Use?	☐ YES ☐ NO
Will additional or extraordinary public services be required to serve the proposed Special Land Use?	☐ YES ☐ NO
Are additional site improvements necessary for the proposed Special Land Use to meet zoning requirements?	☐ YES ☐ NO
Will the proposed Special Land Use in any manner create any dangerous, injurious, noxious, or otherwise objectionable elements or conditions so as to adversely affect the surrounding area or adjoining premises?	☐ YES ☐ NO
Will the proposed Special Land Use create noise, vibration, odor, air pollution, glare, erosion, or other nuisances?	☐ YES ☐ NO

If "YES" to any of the above, please explain (add additional pages/documentation as necessary):

_____

_____

5. RESPONSIBILITIES OF APPLICANT

It is the applicant's responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations. All of the information included in this form is true to the best of my knowledge and belief.

Signature: _____ Driver's License #:_____ Date:_____

PC Hearing Date:	PC Decision:
Zoning Administrator Approve ☐ Deny ☐	Date: