

City of Albion—Application for Special Use Permit

20__ - __.

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: \$200.00

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.

1. Property Information:

Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		Parcel Number
Zoning District	Parcel Type: ☐ Residential ☐ Industrial ☐ Commercial ☐ 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:

Use space below or 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

Application Received: ____/____/____ Initials: _____

Application Completed: ____/____/____ Initials: _____

Fee Paid: \$____ ____/____/____ Initials: _____

Public Notice In Newspaper: ____/____/____ Initials: _____

Letter to Nearby Properties: ____/____/____ Initials: _____

Public Hearing Date: ____/____/____ Initials: _____

Planning Commission Action: Granted/Denied ____/____/____ Initials: _____

Applicant Notified of Planning Commission Action: ____/____/____ Initials: _____

Notes: