



**5A. 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.)

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**C. Describe the proposed Use or Structural changes that make Planning Commission Review necessary:**

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**D. Possible positive impacts of this proposal on the surrounding properties and the Township:**

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**E. Possible negative impacts of this proposal on the surrounding properties:**

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**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