

CITY OF CLAWSON

APPLICATION FOR SPECIAL CONDITIONS USE APPROVAL

NOTICE TO APPLICANT:

The application must be submitted to the Building Department with payment and three (3) sets of folded plans. The building department forwards the plan & application to the city planner for final review. Once this is complete, submit thirteen (13) more sets of folded plans to the building department.

The building department or the city planner will review the petition, have a date assigned for the Planning Commission review, and notify the applicant. The review will take place at a Planning Commission meeting to be held on the 2nd or 4th Tuesday of each month at 7:30 p.m. at the Clawson Municipal Building, 425 N. Main Street.

Per the city and Village Zoning Act (Act 207, Michigan P.A. of 1921, as amended), the Planning Commission shall hold a public hearing before a decision is made on any special condition use request. Furthermore, a site plan shall be required which shall be prepared in accordance with Section 1815 of the ordinance.

FEE: \$300.00 (PLUS SITE PLAN FEE)

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned, do hereby respectfully request special conditions use review, and provide the following information to assist in the review:

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NO: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT): _____

ADDRESS: _____

PHONE NO: _____

RELATIONSHIP OF APPLICANT TO OWNER: _____

LOCATION OF PROPERTY: STREET ADDRESS: _____

NEAREST CROSS STREETS: _____

PROPERTY DESCRIPTION: (If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., "acreage parcel)", provide metes and bounds description. Attach separate sheets if necessary).

TO BE COMPLETED BY THE CITY

CASE NO: _____

Application Submitted: _____ (Date) Fee Paid: _____ (Amount)

Received By: _____ Date of Public Hearing: _____

PLANNING COMMISSION ACTION

Approved: _____ Denied: _____ Date of Action _____

Approved with the following conditions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

Date of Plan: _____