

Special Land Use Application

City of East Tawas ♦ 760 Newman Street ♦ East Tawas, Michigan 48730
phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall@easttawas.com ♦ www.easttawas.com

Please print legibly

Owner:	Contractor:		
Present Address:	Phone:		
Phone:	Improvement Cost:		
Address (site):	Property Code No:		
Subdivision Name:	Block:	Lot:	Zoning District:
Flood Plain: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please check with the Zoning Administrator for additional requirements.</i>			

TYPE OF REQUEST _____

STANDARD FOR APPROVAL

Please answer the following questions in writing. You may use additional sheets if needed.

Will the proposed special use be harmonious with and in accordance with the general objectives, intent and purposes of the Zoning Ordinance and Master Plan?

Will the proposed special use be designed, constructed, operated, maintained and managed so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity?

Will the proposed special use be served adequately by public sanitary sewer and water supply systems or other systems approved by the Health Department and served adequately by other essential public facilities and services (such as highways, streets and drives, police and fire protection, drainage structures, refuse disposal) or will the person or agency responsible for the establishment of the proposed special use be able to provide adequately all such services?

Will the proposed special use not be hazardous or disturbing to existing or future neighboring uses?

Will the proposed special use create excessive additional requirements at public cost for public facilities, utilities and services?

In consideration of the granting of this Special Land Use, I agree to comply with all applicable ordinances of the City of East Tawas and the City shall not be liable for any damages resulting therefrom.

Applicant's Signature / Printed Name Date

the Office of the City Clerk Received by Date

NOTE: An accurate survey and site plan of the property showing the existing and proposed location of all buildings and structures thereon, and types thereof, and their uses must accompany this application. **Please see Article XI of the Zoning Ordinance.** Please also

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Address (site):	Property Code No:
Type of Request:	

PLANNING COMMISSION ACTION

Date of Planning Commission Meeting _____

Recommendation of Approval _____

(signature of Planning Commission Chair and date)

Recommendation of Disapproval _____

(signature of Planning Commission Chair and date)

Recommendation of Approval with Conditions _____

(signature of Planning Commission Chair and date)

Conditions for approval attached.

CITY COUNCIL ACTION

Date of City Council Meeting _____

Approval _____

(signature of City Mayor and date)

Disapproval _____

(signature of City Mayor and date)

Approval with Conditions _____

(signature of City Mayor and date)

Conditions for approval attached.