## **Special Land Use Application**

Applications Due: 4<sup>th</sup> Wednesday by 4:00pm of every month

Planning & Zoning 150 N. Main Street Imlay City MI 48444 adminasst@imlaycity.org 810-724-2135



Applicant: Applicant Address: Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Property Owner (if not the same): \_\_\_\_\_ Phone: \_\_\_\_ Property Owner Address: \_\_\_\_\_ Email: \_\_\_\_ Property ID (Parcel #): Property Address: Lot Size: Current Zoning District: Existing Use: Proposed Use/Description: Applying for Variances:  $\square$  Yes  $\square$  No Copies of Site Plan/Plot Plan: ☐ Digital Copy ☐ 4 Hard Copies (36 by 24) ☐ 2 Hard Copy (11 by 17) I do hereby swear that all statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file and act on behalf of all owners of the subject property. The undersigned deposes that foregoing statements, answers, and accompanied information is true and correct. Applicant Signature: \_\_\_\_\_ Are you the Legal Ownership of Subject Property?  $\square$  Yes  $\square$  No If no, have the property owner fill out and sign this portion of the application. Include purchase agreement or other documentation regarding ownership consent. Signature: Date: By signing this application, I consent to City Officials coming onto the subject property to evaluate this application. I acknowledge that I am responsible for all cost incurred by the City in the processing of this application and accept I may be billed in addition to the initial fees or performance bond. Official Use Only Received By: \_\_\_\_\_ Received Date: \_\_\_\_ Case #: \_\_\_\_ Fee Paid: \_\_\_\_ Planning Commission Public Hearing Date: \_\_\_\_\_ Conditions/Notes: