



Spring Lake Township
101 S. Buchanan St. Spring Lake, MI 49456
Phone: (616) 842-1340
www.springlaketwp.org

SITE PLAN AND SPECIAL USE APPLICATION

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
E-Mail: _____

APPLICANT'S REPRESENTATIVE

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
E-Mail: _____

PROPERTY INFORMATION

Address: _____
Permanent Parcel Number: 70-03- _____
Existing Zoning: _____ Proposed Use: _____
Property Owner & Address: _____

REQUEST

State the requested use (add additional narrative on separate sheet if desired): _____

Article 10 of the Spring Lake Township Zoning Ordinance established standards that all Site Plans must meet in addition to any specific special use standards. On a separate sheet(s) please provide written explanation of how this request conforms to the review standards.

I hereby attest that the information on this form is, to the best of my knowledge, true and accurate. I hereby grant permission for members of the Township Planning Commission, staff, and consultants to enter the subject property for the purpose of gathering information related to the request.

Applicant's Signature

Date

For Office Use Only

Date Application Filed: _____
Application Fee Amount: _____ Date Paid: _____
Escrow Deposit Amount: _____ Date Paid: _____
Date of Planning Commission Meeting: _____ Public Hearing Date _____
Date of Township Board Meeting: _____
Other Action Required: Rezoning _____ Variance _____ Special Use _____