

# SITE PLAN AND SPECIAL USE APPLICATION

## SPRING LAKE TOWNSHIP, OTTAWA COUNTY, MICHIGAN

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**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**APPLICANT'S REPRESENTATIVE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ 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

<b><u>For Office Use Only</u></b>	
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 _____