



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): _____

Flat Administrative Fee \$470 Initial Escrow Deposit \$1180 Total Initial Payment \$1650

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

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