



Please schedule appointment with Zoning Administrator before submitting application to ensure accuracy!

7401 N 32nd St
Richland, MI 49083
P: 269-629-4921
F: 269-629-5993

SPECIAL EXCEPTION USE

Applicant _____ Ph: _____

Mailing Address _____ Email: _____
City State Zip

Address of subject property: _____ Parcel # _____

Legal Description (May be attached): _____

Description of Proposed Special Exception Use: Home Occupation _____ Accessory Building _____ Other _____

Description of buildings on property: _____

(NOTE: this should include the square footage of the dwelling, the accessory building – if proposed for use and the amount of space devoted to the home occupation)

Reason for the Special Use _____

(Note: This may include patrons coming to the residence use of an accessory building and / or request for a sign)

I (we), the undersigned do hereby submit one packet that includes: completed and signed application, and any other necessary drawings, supporting documentation, review fee, and escrow for the purpose of obtaining rezoning / land use amendment review from the Planning Commission. In making this application, I (we) acknowledge that the Township Planning Commission has discretion to impose reasonable terms and conditions as a provision of any considered approval. In making this application, I (we) acknowledge that the Planning Commission will review this rezoning / land use application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any Richland Township official or representative to enter and inspect the subject property for purposes related to this application

Signature of Applicant: _____ Date: _____

Has applicant met with ZA to discuss this application? _____

Received by _____ Date Received _____ Amount Received _____

Supporting documents attached? _____ Escrow affidavit? _____



*****FOR OFFICE USE ONLY*****

Parcel # _____

Property Address _____

Applicant _____

REVIEWER'S ACTION:

_____ Application complete. Forward to next planning commission meeting and begin the process for public hearing. _____

Date of Meeting

_____ Applicant incomplete. Additional information requested by: _____

_____ Proceed with public noticing

_____ Hold public noticing

Additional Comments:

SIGNATURE _____ **DATE** _____

Planner / Zoning Administrator

