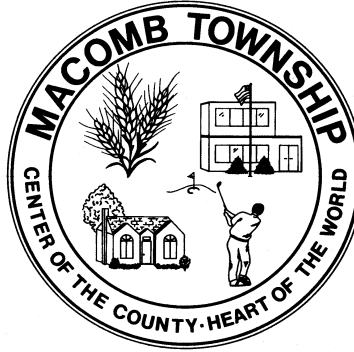


MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 x 4
www.macomb-mi.gov



APPLICATION PACKET FOR SPECIAL EVENTS

APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.

Please use only the forms provided with this application.
No other forms, however similar, will be accepted.

The information contained herein represents requirements contained in the Macomb Township Zoning Ordinance #10

Michael D. Koehs, CMC
Township Clerk

CHECKLIST OF DOCUMENTS FOR APPLICATION FOR A SPECIAL EVENT

MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 4

Please make a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office:

- Please enclose a copy of the most recent Certificate of Zoning Compliance with this application.**
- One (1) completed Special Event Application form, found on page 4 and the Documentation Supporting Request form on page 5. If you need more space for your event description, please attach as many additional pages as you need to describe your event.
- Payment of \$500.00 bond. Please make your check payable to 'Macomb Twp. Treasurer' **(Funds are refundable, see Step 6 on page 3).**
- Ten (10) copies of a dimensioned and reasonably scaled drawing showing all structures and activities. This drawing does **not** have to be certified by an engineer or architect.
- One (1) completed Affidavit of Ownership form, found on page 6.
- One (1) completed Verification of Recorded Legal Property form, found on page 7. The 'Legal Description' for the property must be attached and the applicant must have the Township Assessor verify the Legal Description and sign the form.
- A copy of the site and event insurance policy which names Macomb Township as an additional insured party.
- I verify that I have read and understand the application process as described on page 3.

**Please use only the forms provided with this application.
No other forms, however similar, will be accepted.**

SPECIAL EVENT APPLICATION REVIEW PROCESS

- Step 1:** Applicant submits completed application (see checklist) with all required documentation.
- Step 2:** The application is forwarded to various Township departments for review. Each department is requested to submit written reviews within 5 days to the Clerk's Office.
- Step 3:** If favorable reviews are received, the application is forwarded to the Supervisor for his approval.
- Step 4:** If negative reviews are received, the Clerk's Office communicates the results of the review to the applicant, indicating what issues need attention and whether or not revised plans are required. Once revised plans are received, they shall be routed through the review process again to any department requesting changes.
- Step 5:** After approval from the Supervisor and verification that a bond was received from the applicant, the Clerk's Office communicates the approval to the applicant.
- Step 6:** Upon final inspection approval, the applicant must submit to the Clerk's Office a written request to release the bond.
- Step 7:** The Clerk's Office will request inspections of the site from various departments and verify the township is holding the bond.
- Step 8:** If the departments indicate the site was cleaned according to the approved plans, the Clerk's Office will notify the applicant and will place the bond release request on the next available Township Board agenda for release.
- Step 9:** If negative reviews are received, the applicant will be notified of any items that require attention. Once the applicant has addressed all concerns, they must submit a letter indicating the issues have been addressed. The Clerk's Office will then re-review the site for compliance with the approved plans.
- Step 10:** Once the bond is released by the Township Board, the Finance Department is notified and a check is written and sent to the party that posted the bond.

ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:

1. **Department Reviews.** Submittal of this application does not imply that the plans are acceptable. The review of information by all departments, agencies and subsequent by the Supervisor or his designee will determine if the application is acceptable.
2. **Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with any Township consultant.
3. **Forms.** Please use only the forms provided with this application. No other forms, however similar, will be accepted.

Application for Special Event Approval

Please complete all of the information requested below. An incomplete application will only delay the approval process. **Feel free to use additional sheets of paper as necessary.**

Date of Application:	Proposed Start Date of Special Event:	Proposed End Date of Special Event:
----------------------	---------------------------------------	-------------------------------------

Special Event Contact Person

Name	
Address	
City, State & Zip Code	
Day Time Phone Number	
Business or Location Name	

Description of Event (Include a description of all activities and any sound making devices, instruments or equipment)

Signs Please list all signs, banners, flags and other attention getting devices that will be displayed for this special event and include their dimensions.

How many Special Event Permits have you already been issued in this calendar year by Macomb Township?

One
 Two
 Three
 Four

Office use only – Do not write below this line.

Department	Recommendation	
Building Department	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Engineering Consultant	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Fire Department	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Legal Counsel	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Planning Consultant	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Water & Sewer Dept.	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial

Bond

Amount:	\$500.00	Posted on:
---------	----------	------------

Disposition

Approved
 Denied
 Date:

Mark H. Grabow
Supervisor

Scale Drawing:

A large, empty rectangular box with a thin black border, intended for a scale drawing. The box is currently blank.

Please show your proposed site with all dimensions clearly marked. **You may use a copy of an approved site plan, if you have one.** Include as much detail as you can to avoid delays in the approval process. The more you show, the fewer questions will be asked. Please call the Clerk's Office at 586-992-0710, ext. 4, if you have any questions.

AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to _____, it is necessary to establish the fee title holder's intention
(Land contract, option, lease, etc.)
and desire to have the subject property receive Township approval.

(I), (We), _____, the undersigned fee title
(name)
owner(s) of property hereinafter referenced, acknowledge (my) (our) intention and desire to have the property described within the attached application for _____ receive
(type of application to be filed)
consideration by Macomb Township.

(I), (We) further authorize _____ as a(n) _____
(name of applicant) (recite applicant's interest in property)
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

(name) (owner)

(name) (owner)

(name) (owner)

(name) (owner)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:

08 - ____ - ____ - ____ - ____

STATE OF MICHIGAN
ss.
COUNTY OF MACOMB

On this _____ day of _____, 200__, before me personally appeared _____
_____ to me known to be the person(s) described in and who executed the foregoing
instrument and acknowledged that _____ executed the same as _____ free act and deed.
(he, she, they) (his, her, their)

Notary Public
Macomb County, Michigan
My Commission Expires: _____
Acting in Macomb County, Michigan

VERIFICATION OF RECORDED LEGAL PROPERTY

Special Event _____
Company or Store Name

PERMANENT PARCEL NO. 08 - _____ - _____ - _____

PUBLIC ROAD(S) FRONTAGE _____

ADDRESS OF PARCEL (if available) _____

OWNERS NAME _____

ADDRESS OF OWNER _____

**LEGAL DESCRIPTION
(Insert or attach here)**

Do Not Write Below This Line – Assessor’s Use Only

Is the property proposed for use properly recorded with Macomb Township? YES NO

COMMENTS:

Dan Hickey, Township Assessor