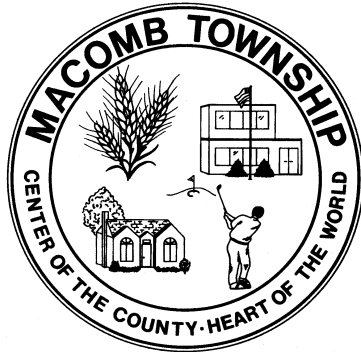


# MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 Ext.2276

[www.macomb-mi.gov](http://www.macomb-mi.gov)



## APPLICATION PACKET FOR SPECIAL LAND USE APPLICATION

### 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 Planning Department.

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

## **CHECKLIST OF DOCUMENTS REQUIRED TO COMPLETE THIS APPLICATION:**

Please place 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 Planning Department:

- One (1) completed Application form, found on page 2.
- Payment of review fee of \$1,370.00 for all Special Land Use, with the exception of Wireless Communication Equipment, where the review fee is \$1,000.00, per the Michigan Zoning Enabling Act. Checks should be made payable to the "Macomb Township Treasurer". **Please Note That All Review Fees are NON-refundable.**
- Ten (10) copies of Site Plan showing the specific location of the proposed use. Indicate which "lot" or "unit" will be occupied. **Note:** All plans must be drawn to scale and tri-folded.
- Ten (10) copies of Floor Plan. Please be as detailed as possible and indicate any large equipment to be used. **Note:** Plans must be drawn to scale and any plans larger than 8 1/2" by 11" must be tri-folded
- One (1) copy of the Site Plan and one (1) copy of the Floor Plan in an electronic format, preferably in a .tiff file.
- One (1) letter explaining the type of business, i.e. manufacturing of tool parts, dentist, real estate office, video store, etc. List the number of employees to be on site for each work shift and number of company vehicles. You may use the Document Supporting the Request sheet, found on page 3.
- One (1) completed Affidavit of Ownership form, found on page 4.
- Two (2) copies of proof of ownership; land contract, affidavit of land contract, option agreement, deed or lease agreement.
- One (1) completed Verification of Recorded Legal Property form, found on page 5. **(Must be signed by Township Assessor).**
- Six (6) copies of a Crop Management Plat, if applicable. See attached list of requirements, found on page 7 (see Article IV, § 10.0403 of the Zoning Ordinance).

## **SPECIAL LAND USE REVIEW PROCESS**

Applicant submits a completed application packet (see checklist).

- Step 1:** If the applicant is requesting a Special Land Use Permit, the Planning Department will publish a notice of the request in a local newspaper 5 to 15 days prior to the hearing date, to inform the public of the time and place said application will be heard.
- Step 2:** Notices will be sent to owners and occupants of property within 300 feet of the subject property (see §10.2401.B.4.a.), which will describe the nature of the request, indicate the property in question, state when and where the hearing will take place, and when and where written comments may be received.
- Step 3:** The Planning Commission shall review such application against standards contained in the Township Zoning Ordinance (see §10.2401.5.), Township Planning documents, other applicable ordinances, and State and Federal Statutes.
- Step 4:** After holding the public hearing the Planning Commission will take action on the request. They may choose to approve, approve with conditions, or deny the request. The Approval of a Special Land Use Permit, together with any and all conditions imposed, shall be recorded in the minutes of the Planning Commission (see §10.2401.B.5.d.)
- Step 5:** If a Special Land Use Permit is approved, the Planning Department drafts a Notice of Special Land Use Permit. Said Permit shall remain unchanged except upon mutual consent by the Planning Commission and the landowner (see §10.2401.B.5.d.).
- Step 6:** The Applicant and/or Applicant's Representative will be notified in writing of the Planning Commission's action. The applicant will be sent a copy of the Notice of Special Land Use Permit, if applicable, and will be notified of any conditions imposed and of their requirement to deposit a cash bond in the amount sufficient to cover the cost of improvements associated with the site plan. No building permits will be issued until all conditions of approval, including posting of any necessary bonds, have been satisfied.
- Step 7:** The Notice of Special Land Use Permit shall be recorded with the County Register of Deeds (see §10.2401.B.5.d.).
- Step 8:**

**APPLICATION FOR SPECIAL LAND USE**

Name of Proposed Business: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Previous Approvals: \_\_\_\_\_

Location: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Unit No. (if applicable) \_\_\_\_\_

**Legal Owner of Property Described Above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Description of Alterations to Existing Building:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Representative:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name of Applicant



**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 and desire to have the subject property receive Township approval.  
(Land contract, option, lease, etc.)

(I), (We), \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) agreement to permit/allow the property described within the attached application for \_\_\_\_\_ receive consideration by Macomb Township.  
(type of application to be filed)

(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.

**PLEASE HAVE THE OWNER(S) SIGN BELOW:**

\_\_\_\_\_  
(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 \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
(name of applicant)  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_  
(he, she, they) (his, her, their)  
free act and deed.

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

**VERIFICATION OF RECORDED LEGAL PROPERTY**

**PROJECT NAME** \_\_\_\_\_

**Application To Be Filed (check off)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Variance           | <input type="checkbox"/> House Move-on              | <input type="checkbox"/> Technical Change (prior approval needed) |
| <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign                    |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Final Preliminary Plat     | <input type="checkbox"/> Certificate of Zoning Compliance         |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Preliminary Plan Review    | <input type="checkbox"/> Final Plat                               |
| <input type="checkbox"/> Final Plan Review  | <input type="checkbox"/> Other                      |   |

**PERMANENT PARCEL NO. 08** - \_ \_ - \_ \_ - \_ \_ .

PUBLIC ROAD(S) FRONTAGE \_\_\_\_\_

ADDRESS OF PARCEL (if available) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

**LEGAL DESCRIPTION**

**(Please print or type the description here – attached pages or exhibits will not be acceptable)**

---

---

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

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

COMMENTS:

\_\_\_\_\_  
**Daniel Hickey, Township Assessor**

## **CROP MANAGEMENT PLAN REQUIREMENT**

If the proposed Special Land Use is for **Composting** exceeding four hundred (400) square feet of crop land per crop acre is required to submit the following additional information (see §10.0403(P) of the Zoning Ordinance):

1. Submittal of Crop Management Plan consisting of:
  - a. Identification of crops that will be grown, acreage's and realistic expected yields.
  - b. A map showing or a written description of the location of the fields in which each crop will be grown and harvested.
  - c. A map showing or written description of the location of fields which will lie fallow.
  - d. Written results of soil fertility test conducted by MSU Soil and Plant Nutrient Laboratory, or equivalent testing agency.
  - e. Plant nutrient recommendations, consistent with those of the MSU Soil and Plat Nutrient Laboratory, to determine total compost applications.
  - f. Analysis of compost to determine the nutrient content of the compost.
  - g. Compost nutrient loadings; consistent with MSU nutrient application recommendations.
2. The area of land expressed in square feet per crop acre for which composting is being requested.
3. Description of material that will be composed.
4. Origin in organic material to be composted.
5. Location of crop land on which compost will be applied.
6. Describe method of composting which will be utilized.
7. Method by which compost will be applied to the crop land.
8. Management Plan for the off-site separation of inorganic and toxic matter.
9. Describe the type of equipment, which will be utilized in the composting process.
10. Management Plan for control of:
  - a. Odor
  - b. Drainage
  - c. Dust
  - d. Noise
  - e. Rodents, Flies and other living nuisances.
11. Identification of the haul route(s); days and hours of delivery; time of year deliveries will be made; and frequency that material will be delivered.
12. Number of employees who are involved in the handling of the organic matter and processing of compost.
13. Description of each piece of machinery that will be utilized in the handling of the organic matter and processing of compost.



