

VILLAGE OF PENTWATER  
PETITION FOR SPECIAL LAND USE PERMIT  
(Pentwater Community Zoning Ordinance – SECTION 15.02)

Parcel Number \_\_\_\_\_  
Name \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
(Applicant)  
  
\_\_\_\_\_  
(Address)  
  
\_\_\_\_\_  
(City, State, Zip Code)  
  
\_\_\_\_\_  
(Telephone)  
  
\_\_\_\_\_  
(E-mail)

OFFICE USE ONLY

Application number \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

PC Action: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):  
Builder / Have Option to purchase / Agent / other \_\_\_\_\_

<b>PROPERTY OWNER:</b>			
<b>PROPERTY ADDRESS:</b>			
<b>PARCEL NUMBER:</b>			
<i>* ATTACH LEGAL DESCRIPTION</i>			
<b>ZONING DISTRICT:</b>		<b>PRESENT USE:</b>	
<b>CORNER LOT:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ROADS:</b>	
<b>NEW BUILD:</b>	<b>WATER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SEWER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SPECIAL LAND USE REQUESTED:**  
  
\_\_\_\_\_  
  
\_\_\_\_\_

(Attach sheets if necessary)  
(  attached)

**ATTACH A SITE PLAN FOR REQUEST**, (drawn to a scale of not less than: property under 3 acres, 1 in = 10 ft.) Depicting property, including all proposed and existing structures and other

above ground streets/alleys/easements and fences/walks/ landscaping/greenbelts proposed and existing.

**ATTACH A CERTIFIED SURVEY (IF REQUESTED BY THE ZONING ADMINISTRATOR OR PLANNING COMMISSION)**, (completed by a professional surveyor or engineer for the property at issue [including a written drawing showing structures and stakes set on the property boundaries or corners] in order to insure that all requirements of the Zoning Ordinance will be met.) *See Pentwater Community Zoning Ordinance Section 19.15.*  
 (  attached)

**NUMBER OF ATTACHED SHEETS:** \_\_\_\_\_

1. <input type="checkbox"/> Legal Description	Number of Pages:
2. <input type="checkbox"/> Special Land Use Requested	Number of Pages:
3. <input type="checkbox"/> Site Plan / Sketch	Number of Pages:
4. <input type="checkbox"/> Survey	Number of Pages:
5. <input type="checkbox"/> Other:	Number of Pages:

**AFFIDAVIT:** I agree the statements made above are, to the best of my knowledge, true and accurate. If found not to be true, any Planning Commission ruling that may be issued may be void. Further, I agree, any Planning Commission ruling and subsequent permit that may be issued is with the understanding that all applicable sections of the Pentwater Community Zoning Ordinance will be complied with. Also, I agree to notify the Zoning Administrator for the Village of Pentwater for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of Village of Pentwater to enter the property subject to this permit application for purposes of inspection. Also, I understand any zoning action by the Planning Commission conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**When completed send to:  
 Village of Pentwater Zoning Administrator  
 327 S. Hancock Street – P.O Box 622, Pentwater, Michigan 49449  
 Phone: (231) 869-8301 ; Fax: (231) 869-5120**

<u>OFFICE USE ONLY</u>
HEARING DATE: _____
DATE SUBMITTED TO PLANNING COMMISSION: _____
<b>[THIS FORM MUST BE DISTRIBUTED TO THE PLANNING COMMISSION WITHIN 30 DAYS OF RECEIPT]</b>

<u>OFFICE USE ONLY</u>
Response requested from: DPW _____ Police _____ Fire _____ Other _____
<i>Please attach your response and RETURN WITHIN 10 DAYS OF THIS REQUEST to the Zoning Administrator</i>