

Village of Fife Lake
616 Bates Street - PO Box 298
Fife Lake MI 49633
(231) 879-4291
FAX (231) 879-5153

PLANNING COMMISSION
Special Use/Site Plan Application

Date: _____

APPLICANT:

1. Last Name: _____ First Name: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Property ID/Parcel # _____
5. Telephone: _____
6. Existing Zoning: _____
7. Address for Property if different than 2: _____

Action Requested (check all that apply)

- Change of Zoning (Re-zoning)
 - Special Land Use
 - Condominium Subdivision
 - Temporary Use
 - Other (describe)
- _____
- _____
- _____

Plot Plan/Site Plan information: (a detailed drawing is required to 1/4 inch = scale and must include all of the requirements for "Site Plan")

* refer to Article 17, "Site Plan Standards" from Zoning and provide copy.

** Sealed architectural drawings are required for all commercial applications.

Hearing Date: _____

Your Request has been: Approved _____ Denied: _____ Reasons or Special conditions: (any reason for either the approval or denial must be so stated as well as any special conditions attached to the approval).

Public Notice Required: Yes _____ No: _____ Name of Newspaper: _____
Date of printing: _____ (notice must be attached)

300 foot Notices: Yes _____ No.: _____ (list sent must be attached)

Correspondence: Yes: _____ No: _____ (must be attached if any was received)

Vote of Board: _____
(ie: 4 nay 1 yea) Chairman Planning Commission

I have been personally handed a copy of the decision of the Planning Commission and fully understand all of the conditions and reasons for that decision: If your request is approved, you must stil obtain your Zoning Permit prior to starting any construction or change.

APPLICANT

WITNESS

Date: _____