WINDSOR CHARTER TOWNSHIP APPLICATION FOR A SPECIAL USE PERMIT

In accordance with Article VIII, Section 8.1.2 of the Windsor Charter Township Zoning Ordinance, this application is a request for a Special Use Permit for property located at:

ADDRESS OF PROP	ERTY:				
LEGAL DESCRIPTION	DN:				
TAX PARCEL NUMB	ER:				
			plicant must also document the me and a contact person.)	right to app	ly. If
Name:			Phone:		
Name:Contact Person:			Fax:		
Address:			Email:		
PROPERTY OWN	ER				
Name:			Phone:		
Name:Contact Person:					
			Email:		
			Cell Ph:		
SITE STATISTICS	epresenting Owner	·	BuyLeaseOther Current Use		
	ft x		Non-Conforming Use?		
	acres				
Public or Private St	reet Frontage	ft_	Septic System Se	wer System	
If sewer system, pr	ovide validation from	n Windsor Towr	nship Supervisor		
, , , ,			(signa	iture)	
Describe in detai	l your proposal for	the property	(use a separate page if necessar	ary):	
					

Proposed Non-residential Characteristics		Proposed Residential Characteristics		
Number of Employees		Number of single-family units		
Number of off-street parking	•		nily units	
Hours of operation			2 Br 3 Br	
Days of operation		_ Number of off-stree	t parking spaces	
The applicant shall also provi	ide any other informati	on that is available or reque	sted.	
Is the request in conform zoning ordinance?Ye		al standards set forth in	Section 8.1.3(1) of the	
Is the request in conform	ance with the Comp	rehensive Development	Plan?YesN	
The following shall be sub -A conceptual site plan drawn (The plan shall show all exist	n to a scale of at least	1"=100'.	ension.)	
-Flood plain information (if a	pplicable)			
-A non-refundable filing fee a	as established by the B	oard of Trustees.		
App For further informa	olications not fully compation or assistance, ple	with the Windsor Charter To pleted will not be processed ase contact the Windsor Tov ale, MI 48821 (517) 646-07	wnship Clerk at:	
By submittal of this application to the Zoning Administrator and access property under point or median decisions.	and/or assigns and mei	mbers of the Planning Comm	nission the right to enter	
Applicant's Signatur	·e	Printed	Name of Applicant	
. фр				
τ μμπουνίου οι 3.100.00				
	FOR OFFIC	CE USE ONLY		
File Number	FOR OFFICE Date Filed	CE USE ONLY Check Number	Amount	
			Amount	