

Village of Hillman

P.O. Box 96

24220 Veterans Memorial Highway, Hillman, MI 49746

Phone: (989) 742-4751 Fax: (989) 742-4947

Email: office@hillmanmichigan.org

SPECIAL USE PERMIT APPLICATION

GENERAL INFORMATION:

APPLICANT: _____

ADDRESS: _____ TELEPHONE (HOME): _____

_____ TELEPHONE (BUSINESS): _____

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant):

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):

Builder Have Option to Purchase Agent/other _____

PROPOSED CONSTRUCTION SITE ADDRESS (if known): _____

PARCEL SIZE: _____

PROPERTY DESCRIPTION: _____

NEAREST INTERSECTION: _____

STREET FROM WHICH DRIVEWAY WILL ACCESS: _____

PARCEL DATA PROCESS (tax) NUMBER: _____

LIST ANY ADJACENT PARCELS UNDER THE SAME OWNERSHIP: _____

ZONING DISTRICT (see zoning ordinance): _____

ACTION REQUESTED:

It is requested the Village of Hillman Planning Commission approve issuing a Special Land Use permit for the land described above for the purpose of: _____

(attach sheets if necessary) attached

PROVIDE THE FOLLOWING DATA:

A. A concise statement of all operations and uses which will be conducted on the land and buildings:

B. A concise statement of all services, if any, to be offered to the public:

C. Information concerning the intensity of use and hours and times of operation and use:

D. Information concerning the generation of traffic and traffic movements:

ADDITIONAL INFORMATION:

- A.** Attach evidence of property ownership. (attached)
- B.** Attach or list all deed restrictions for the property at question. (attached)
- C.** Attach a list of names and address of all other persons, firms, or corporations having a legal or equitable interest in the property at question. (attached)
- D.** This area is ___ unplatted, ___ platted, ___ will be platted. If platted, name of plat: _____
- E.** What is the present use of the property? _____
- F.** Estimated completion date of construction (if applicable)? _____

ATTACH 10 COPIES OF PLOT PLAN OR SITE PLAN, as specified in Article 5 of the Village of Hillman Zoning Ordinance.

(attached)

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Village of Hillman Zoning Ordinance will be complied with. Further, I agree to notify the Zoning Administrator of Village of Hillman 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 Hillman, Montmorency/Alpena County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Further, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his/her selected agent. Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, 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: _____

Office Use Only:

Case #: _____

Date Received: _____

Date of Inspection: _____

Public Hearing Date: _____

Fee Received: _____

Check Number: _____

Planning Commission:

Action: _____

Date: _____

Permit #: _____