

SAFEbuilt, INC.
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VILLAGE OF MARCELLUS
APPLICATION FOR A SPECIAL USE PERMIT
ESCROW FEE: \$1,000.00

In accordance with Article 9, Special Land Uses and Conditional Rezoning, of the Village of Marcellus Zoning Ordinance, this application is a request for a Special Use Permit for property located at:

ADDRESS OF PROPERTY: _____
LEGAL DESCRIPTION: _____

TAX PARCEL NUMBER: 14-051-____-____-_____

APPLICANT: (If the applicant is not the owner, the applicant must also show document of the right to apply. If the applicant is a business, please give the business name and a contact person.)

Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____ Email: _____

PROPERTY OWNER:

Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____ Email: _____

INTEREST IN PROPERTY:

___ Owner ___ Representing Owner ___ Option to Buy ___ Lessee ___ Other (specify) _____

SITE STATISTICS:

Zoning of Property: _____ Current Use: _____
Lot Dimensions: _____ ft. x _____ ft. Non-Conforming Use? ___ Yes ___ No Lot
Area: _____ Acres _____ sq. ft. Located in flood plain? ___ Yes ___ No Public
or Private Street Frontage: _____ ft.

Describe in detail your proposal for the property (Use a separate page if necessary):

If the property is currently developed, describe the nature of the use:

Proposed Non-Residential Characteristics:

Number of Employees: _____
Number of off-street parking spaces: _____
Hours of Operation: _____
Days of Operation: _____

Proposed Residential Characteristics:

Number of single-family units: _____
Number of multi-family units: _____
Type of units: ____ Eff. ____ 2 br. ____ 3 br.
Number of off-street parking spaces: _____

Is the request in conformance with the general standards set forth in Article 9 *Special land Uses and Conditional Rezoning* of the Zoning Ordinance: ____ Yes ____ No

***The applicant shall also provide any other information that is available or requested.**

Applicant Signature

Printed name of Applicant

Date

The foregoing information shall be filed with the Village of Marcellus Zoning Administrator along with an Escrow Fee of \$1,000.00, payable to the Village of Marcellus. Mail application and check to:

**Village of Marcellus
SAFEbuilt, Inc.
PO BOX 190
Athens, MI 49011**

For Zoning Administrator Use Only

Date Filed:

Check #:

Amount:

NOTES: