

KEARNEY TOWNSHIP
SPECIAL USE PERMIT APPLICATION

Complete the entire application. Incomplete applications will be returned. Please deliver completed application and applicable fee(s) to the Kearney Township Clerk:

Mail: P.O. Box 51, Bellaire, MI 49615
Drop Box: 4820 Aero Park Drive, Bellaire, MI
Email: kearneypclerk@gmail.com
Phone #: (231) 533-5719, Ext. 1

Fees*: Application Fee: \$300.00
Special Meeting: \$500.00

Please note: Your application will not be reviewed until receipt of the Application Fee. Fees are non refundable.
*Applications will be reviewed at the next meeting of the Planning Commission (usually the 3rd Monday of the month at 7:00 p.m.) unless a Special Meeting is requested. Special Meeting Fees are in addition to the Application Fee.

Please include seven (7) copies of the following documents/information:

1. Site plan, plot plan, or development plan, drawn to a readable scale, and containing the following information:
 - a) Property dimensions;
 - b) Size, shape and location of all existing and proposed buildings and structures, including any temporary structures.
 - c) The location of all parking areas and driveways, including the number of parking spaces.
 - d) Existing public rights of way, and/or private easements.
 - e) Water courses and water bodies, including surface drainage ways.
 - f) Existing significant vegetation.
 - g) A landscaping plan indicating locations of proposed planting and screening, fencing, signs and advertising features.
 - h) Zoning classification of abutting properties.
2. Preliminary plans and outline specifications of the proposed development, if applicable.
3. A statement with supporting evidence regarding the required findings specified in Section 5.01C of the Kearney Township Zoning Ordinance.

If this Special Use Permit Application is for a Commercial Event Facility the following must also be provided with this Application:

1. The **site plan** must also show the following:
 - a) Area of the event including indoor and outdoor areas.
 - b) Parking location and number of parking spaces.
 - c) Temporary structures.
 - d) Sanitation facilities.
 - e) Areas for food trucks or food vendors including proposed setback from property lines including the maximum number of food trucks or food vendors planned.
 - f) Areas for trash receptacles and schedule for trash pick-up.
 - g) Location of firepits.
 - h) Location of outdoor lighting and light levels.

2. **Event Management Plan.** This plan shall include all of the following:
 - a) Type and number of events expected.
 - b) Provisions for traffic and parking management.
 - c) Hours of operation including setup and takedown times.
 - d) Provisions for noise abatement and expected sources of noise including location of speaker systems and similar sources of noise.
 - e) Toilet facilities.
 - f) Expected maximum number of persons intended to use the property at one time and collectively, including organizers, employees, vendors, exhibitors, and spectators/participants.
 - g) Expected number of automobiles and other vehicles intended to use the property at one time and collectively.
 - h) Public safety plans.
 - i) List of contacts for emergency situations.
 - j) Certification that the property where the event is to take place is not subject to any covenant or restriction limiting its use, or if the use is restricted by easement or otherwise, a copy of a survey or diagram depicting the easement area and any reserved area where development rights are intact.
 - k) List of other permits and licenses required and proof that said permits are being applied for.

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Applicant/Owner Information:

Applicant's Name: _____

Address (include P.O. Box, if any): _____

City, State, Zip: _____

Telephone Number(s): _____

Applicant's interest in property, if not the owner: _____

(Please attach evidence of legal or equity interest in the land; copy of land contract, accepted purchase offer, recorded deed, etc.)

Owner's Name (if different from Applicant): _____

Address (include P.O. Box, if any): _____

City, State, Zip: _____

Telephone Number(s): _____

Property Information:

Zoning District: Agricultural ("A") _____; Commercial ("C") _____;

 Manufacturing ("M"): _____; Planned Development _____;

 Residential: R1 _____; R2 _____; or R3 _____;

 Resort Residential ("RR") _____.

Parcel Number: _____

Property Address: _____

Subdivision, or Site Condominium Name and Lot Number: _____

(Please attach description if metes and bounds)

Deed Restrictions (if any): _____

Current Use of Property: _____

Estimated Completion Date: _____

Proposed use of property: _____

Why is this location appropriate for the proposed use? _____

What impact on surrounding property do you expect? _____

What impact on Community Infrastructure (school, streets, utilities, etc.) do you expect:

What measures will be taken to minimize impact on the following:

Soil Erosion: _____

Shoreline Protection: _____

Excessive Noise: _____

Road Access for Emergency Services: _____

Local Traffic: _____

Adverse impact on surrounding properties: _____

Any other information that supports approval of this request: _____

Prior applications for a variance/special use permit/rezoning? _____ Yes _____ No

If yes, please provide the following:

Type of Application: _____ Variance? _____ Special Use? _____ Rezoning?

Date(s) Submitted: _____

Result: _____ Approved? _____ Not Approved?

If not approved, please specify reason: _____

Authorization:

I hereby agree to comply with the provisions of the Kearney Township Zoning Ordinance, and when applicable, the Commercial Event Facility Ordinance, including any conditions made a part of the approval of this special use permit. I certify that I am the owner of this property, or have been authorized by the property owner, to act as the owner's agent, in submitting this site plan. I affirm that the information provided in this application is accurate and complete. In addition, I authorize and grant permission to the Kearney Township Planning Commission members and the Zoning Administrator to access the subject property for purposes of evaluating this application.

Owner Signature

Date

Applicant Signature (if not owner)

Date

DO NOT WRITE BELOW THIS LINE

Fee Receipt Information and Disposition of Application:

Application Fee \$ _____
Special Mtg. Fee (if applicable): \$ _____
Receipt #: _____

____ Approved: Conditions, if any: _____

____ Denied: Reason(s): _____

Signature: _____
Planning Commission Chair

Date: _____

Signature: _____
Township Zoning Administrator

Date: _____

