



Application No: _____
 Date Filed: _____
 Hearing Date: _____
 Application Fee: _____

OCEOLA TOWNSHIP

1577 N. Latson Road, Howell, Michigan 48843
 P: (517) 546-3259 F: (517) 546-6697
 Website: www.ocoelatwp.org

SPECIAL USE PERMIT RENEWAL APPLICATION

Applicant Name _____
 DBA Name _____
 Address _____
 City/State/Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email: _____
 Interest in the Property (e.g. owner, land option, etc.) _____

Property Owner (if other than applicant) _____
 Address _____
 City/State/Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email: _____

Property Information
 Street address _____ Parcel # _____
 Location _____
 Area _____ Width _____ Depth _____ Zoning District _____
 Current Use(s) _____

Proposed Use (check one and complete any additional requested information)
 _____ Residential - Number of Units: _____ _____ Office _____ Commercial
 _____ Industrial – Products to be produced: _____
 _____ Institutional – Type of Institution: _____
 _____ Other – Describe: _____

Proposed Construction (please check any that apply)
 _____ New Building _____ Addition _____ Alteration/Repair/Replacement _____ Other

Oceola Township Special Use Permit Application (continued)

Brief Description of Special Use Requested *(attach detailed description of the intent to use the property)*

Application Procedure

The applicant must submit the following:

- 1. Completed application form *(reverse side of this sheet)*
- 2. Letter of Intent
- 3. Proof of Ownership – DEED
- 4. Site Plan with Site Plan Application *(per requirements of Section 17.02 B.)*
- 5. Application Fee (\$400.00 – non-refundable)
- 6. Escrow Fee (\$1,000.00)

~ HEARING WILL NOT BE SCHEDULED UNLESS ALL INFORMATION IS SUBMITTED AND FEES PAID ~

Property Owner must attend all Township meetings or be represented by a person with a **notarized** letter of representation to act on behalf of owner.

I hereby affirm that the information given herein is true and correct to the best of my knowledge and grant permission for Township Officials and/or Township Staff to conduct on-site inspection:

Signature of Property Owner

Printed Name

Signature of Property Owner

Printed Name

Date