

Proposed Signage Wall Yes No Size and location _____
Free Standing Yes No Size and location _____
– Include location on Site Plan, provide image and cross section

Hours of Operation _____ Number of Employees _____

Deed Restrictions (Covenants) Yes No
If Yes, must accompany application and be recorded for final approval.

For commercial retail or service business, please attach a short statement addressing the type of products or services being provided and the type of clientele to whom these products or services are being made available.

Surveyor / Engineer Name, Address and Phone Number _____

Legal Description of parcel _____

Existing Site Conditions
Lot Width _____ Lot Depth _____ Lot Area _____

Total Tract Size _____ Acreage dedicated to open space _____

Existing Public Street Access Yes No Existing Private Street Access? Yes No

Are private interior drives proposed? Yes No

Number of proposed curb cuts _____

Permit application approved by appropriate agency.

Curb Cuts MDOT Yes No or GTCRC? Yes No

Driveway MDOT Yes No or GTCRC? Yes No

Non-parking areas

Buffer Strip Requirements Yes No

Berm Requirements Yes No

Trash Receptacle Screening Yes No

Phasing Yes No If phasing, please provide a detailed phasing plan / schedule.

Estimated Completion Date _____

Will the proposed use be designed, constructed, operated and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity? Yes No

Will the proposed use change the essential character of the area? Yes No

Will the proposed use be compatible with adjacent uses of land and the natural environment? Yes No

Will the proposed use be compatible with the capabilities or public services and facilities (i.e. Highways, streets, police, fire, refuse disposal, schools, etc.)? Yes No

List Waivers Requested

Article _____ Section _____ Paragraph _____
Article _____ Section _____ Paragraph _____
Article _____ Section _____ Paragraph _____

List any previous variances or waivers and provide documentation of said approvals and any associated stipulations.

AFFIDAVIT

The undersigned affirms that he / she is the _____ (owner, lessee or other interest) involved in this petition and that the foregoing answers, statements and information are in all respects true and to the best of his/her knowledge, correct.

Signature of Petitioner DATE

I hereby grant permission for members of the Green Lake Township Zoning Department, Planning Commission, Zoning Board of Appeals and Township Board of Trustees to enter the above described parcel (or as described in the attached) for the purpose of gathering information related to this application / request / proposal.

Signature of Petitioner DATE

- Attach the following additional information:
- Sketch plan, drawings, photographs, etc.
 - Outside agency approvals
 - Health Department
 - MDOT / GTCRC
 - Soil and Erosion
 - EGLE

FOR OFFICE USE ONLY

File Number _____ Date Received _____
Fee (Non-refundable) _____ Accepted By _____