

Case No. _____

Date Submitted _____

City of Lincoln Park
APPLICATION FOR SPECIAL USE APPROVAL

NOTICE TO APPLICANT: Applications for Special Use review by the Planning Commission must be submitted to the City *in substantially complete form* at least thirty (30) days prior to the Planning Commission's meeting at which the proposal will be considered. The application must be accompanied by six (6) individual folded copies of the site plan, plus the required review fees. Regular meetings of the Planning Commission are held on the first Tuesday of each month at 7:00 p.m. All meetings are held at the Lincoln Park City Hall, 1355 Southfield Road, Lincoln Park, Michigan 48146. Phone number (313) 386-1800; Fax (313) 386-2205.

Special Uses shall comply with the standards in Section 1262.08 of the Zoning Ordinance. Accordingly, a public hearing shall be held by the Planning Commission before a decision is made on any Special Use request. Furthermore, a site plan shall be required, which shall be prepared in accordance with Section 1294.01 of the Ordinance.

TO BE COMPLETED BY APPLICANT:

I (we) the undersigned do hereby respectfully request Special Use Review and provide the following information to assist in the review:

Applicant: _____

Mailing Address: _____

Email Address: _____

Telephone: _____ Fax: _____

Property Owner(s) (if different from Applicant): _____

Mailing Address: _____

Telephone: _____ Fax: _____

Applicant's Legal Interest in Property: _____

Location of Property: Street Address: _____

Nearest Cross Streets: _____

Sidwell Number: _____

Property Description:

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets if necessary.

Property Size (Square Ft): _____ (Acres): _____

Present Use of Property: _____

Proposed Use of Property: _____

Existing Zoning (please check):

- | | |
|--|--|
| <input type="checkbox"/> SFRD Single Family Residential District | <input type="checkbox"/> RBD Regional Business District |
| <input type="checkbox"/> MFRD Multiple Family Residential District | <input type="checkbox"/> CBD Central Business District |
| <input type="checkbox"/> MHRD Mobile Home Park District | <input type="checkbox"/> GID General Industrial District |
| <input type="checkbox"/> NBD Neighborhood Business District | <input type="checkbox"/> LID Light Industrial District |
| <input type="checkbox"/> MBD Municipal Business District | <input type="checkbox"/> CSD Community Service District |
| <input type="checkbox"/> PUD Planned Unit Development District | |

Please Complete the Following Chart:

Type of Development	Number of Units	Gross Floor Area	Number of Employees on Largest Shift
Detached Single Family			
Attached Residential			
Office			
Commercial			
Industrial			
Other			

ATTACH THE FOLLOWING:

- Six (6) individually folded copies of the site plan, sealed by a registered architect, engineer, landscape architect or community planner and One (1) Electronic Copy.
- Proof of property ownership.
- A brief written description of the proposed use.

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the site plan may be tabled due to lack of representation.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

 Signature of Applicant

 Date

 Signature of Applicant

 Date

 Signature of Property Owner Authorizing this Application

 Date

To be completed by City:

Date Submitted: _____ Fee Paid: _____

Received By: _____ Date of Public Hearing: _____

PLANNING COMMISSION ACTION (RECOMMENDATION)

To Approve: _____ To Deny: _____ Date of Action: _____

Reasons for Action Taken: _____

CITY COUNCIL ACTION

Approved: _____ Denied: _____ Date of Action: _____

Reasons for Action Taken: _____