

COMMERCIAL MEDICAL MARIHUANA FACILITY APPLICATION FOR SPECIAL USE PERMIT

Submit three (3) physical copies and one (1) electronic copy of completed application and all required materials to the Township

Applicant(s) Information

Name _____

Address _____

Phone _____ Email _____

Legal Interest in Subject Property _____

Subject Property Owner

Name _____

Address _____

Phone _____ Email _____

Address of Subject Property: _____

Parcel Identification Number: _____

Current Zoning of the Subject Property: _____

Use for Which Special Use Permit (SUP) is Requested: _____

Zoning Ordinance Provision(s) Authorizing Proposed SUP: _____

Before the Township will consider an application for issuance of a SUP, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation:

- A scale drawing of the property or site which includes the following information:
 1. Shape, area, and dimensions of the lot or parcel and the names and widths of abutting streets or street right of way
 2. Location, dimensions, and height of existing and/or proposed structures to be erected, altered, or moved on the property
 3. The intended use of the property
 4. All yards, open spaces, setbacks and parking dimensions, including driveways
 5. Identification of nearby flood areas and wetlands, if applicable

- A site plan which illustrates the general uses, character, and impact of the special land use, and includes all of the following information:
 1. The date, north arrow and scale. The scale shall not be less than 1" = 20' for property three (3) acres or less and not less than 1" = 100' for property more than (3) acres
 2. All lot and property lines, clearly defined
 3. Location and height of all existing and/or proposed structures on and within one hundred (100) feet of the subject property

4. Location and dimensions of all existing and proposed drives, walkways, curb openings, number and size of signs, exterior lighting and parking areas including the number and size of spaces
5. Location and width of all access and egress roads, streets, right of ways and/or alley ways abutting the proposed site and details and conditions of the same
6. The name and address of the person responsible for the preparation of the site plan including professional seal
7. The name and address of the property owner or applicant
8. Location, type, height, and density of existing and/or proposed landscaping, fences, walls, buffer zones, and green spaces
9. The location of existing or proposed septic systems, water/sewer lines, fire hydrants, utility lines, and the type and size of water run off facilities including drainage ditches
10. Delineated proximity of the proposed development to any sensitive cultural, environmental, historical, and/or wetland areas.
11. Statement demonstrating compatibility of proposed land use with adjacent land uses
12. Proof of ownership of land for excavation purposes, if applicable
13. Any other information required for compliance with State and Federal statutes and regulations

Application for Sign Permit, if any sign is proposed

Applicant(s) and Owner(s) Certification:

Applicant(s) and Owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) it is their sole responsibility to comply with the requirements of any applicable Pinconning Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (2) Pinconning Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in strict compliance with the applicable Pinconning Township Ordinance; and (3) the resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit or to any renewal.

Signature (Applicant) Print name: _____

Date

Signature (Applicant) Print name: _____

Date

Signature (Owner) Print name: _____

Date

Signature (Owner) Print name: _____

Date

THIS SECTION TO BE COMPLETED BY PINCONNING TOWNSHIP

Date of public hearing: _____

Date of publication: _____

Date of mailing: _____

Planning Commission recommendation:

Date: _____

On _____, 20___, the Pinconning Township Board:

[] Approved the SUP application for the following reason(s): _____

[] Approved the SUP application subject to the following conditions: _____

[] Denied the SUP application for the following reason(s): _____

Township Supervisor

Date

Township Clerk

Date

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

Applicant

Township Clerk

Property Owner