



## Special Use Permit/Site Plan Review Application

Township of Acme, Grand Traverse County, Michigan

6042 Acme Road, Williamsburg, MI 49690

Phone: (231) 938-1350 Fax: (231) 938-1510 Web: [www.acmetownship.org](http://www.acmetownship.org)

Planning & Zoning Administrator: Shawn Winter Email: [swinter@acmetownship.org](mailto:swinter@acmetownship.org)

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### Owner Information (please type or print clearly):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Applicant Information (please type or print clearly):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### A. Property Information:

1. **Address:**

2. **Parcel Number/Property Description:**

3. **Current Zoning of Property:**

4. If this project is one phase of a larger development and/or property subject to an **existing/previous Site Plan Review, Special Use Permit, or Variance, what is/are the applicable permit number(s)?**

5. **Provide proof of current property ownership.** If applicant is not the current property owner, also provide written permission to act as agent of, and complete contact information for the current property owner.

**6. Proposed Use/Change to Property**

**7. Estimated Start and Completion Dates:**

**B. Application Packet Requirements: REFER TO ACME TOWNSHIP ZONING ORDINANCE AND COMPLETE ATTACHED CHECKLIST**

**C. Fees:** Include initial fee as required by the Acme Township Ordinance #2004-01

**D. Fee Escrow Policy Acknowledgement:** Provide completed and signed form with initial escrow fee deposit.

**E. Affidavit:** The undersigned affirms that he/she is the \_\_\_\_\_ (owner, agent, lessee, or other interested party) 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. By making this application, the undersigned grants all officials, staff and consultants of Acme Township access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Special Use Permit and Zoning Ordinance compliance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR TOWNSHIP USE ONLY**

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Hearing/Meeting: \_\_\_\_\_

Date of Advertising: \_\_\_\_\_

T&A Account: \_\_\_\_\_

**NOTES:**