

Township of Pierson
County of Montcalm, Michigan

CHECKLIST FOR SPECIAL USE REQUEST

File no. _____

Applicant Name: _____

Applicant's Agent (if any): _____

Applicant's Address: _____

Property of Interest: _____

Name of Owner (if different than applicant): _____

Existing Zoning District: _____ Proposed District: _____

Permanent Parcel Number: _____

Legal Description (attach)

Parcel Size: _____

Reason for Special Use Request: _____

Has a site plan been submitted? _____

What additional items are needed on the site plan drawing: _____

Any additional items needed for the application: _____

Fees due: _____ Fees Paid: _____ Receipt No. _____

File No: _____

Date of Public Hearing: _____ Public Hearing Held: _____

Master Plan use for lands: _____

Uses permitted by existing lands: _____

Uses permitted, if request is granted: _____

Could the land be used reasonably as land is zoned now? _____

What is the intended use of land of Special Use is granted? _____

Are other adjacent or nearby lands zoned as applicant is requesting: _____

If so, would this land amount to spot zoning? _____

Are there other lands in the township zoned as the applicant is requesting, where the proposed use would be accommodated? _____

Would the proposed zoning be beneficial to adjacent or nearby lands or the public interest:

Is there a recognized need in the township or area for the uses permitted in the proposed zone? _____

Is the applicant proposing a use that is not permitted in the proposed zone? _____

If the applicant desires a use not currently permitted in the proposed zone, is the applicant requesting the permitted use be amended? _____

Have written comments been received from owners of adjacent or nearby land or other properties? _____

Expected expiration? _____ *Subject to annual review.

Planning Commission Decision: _____

Board Decision (if required): _____