## **Village of Cass City**

6506 Main St. PO Box 123, Cass City, MI 48726

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Email: ccvillage@casscity.org
Office Hours 8:00am to 4:30pm M-F

## INTERNAL USE ONLY Date Received: Received By: Permit#: Receipt#: Receipt#: Method of Payment:

Special land use may be permitted after review and approval by the Planning Commission. Special land uses require a public hearing. The special land use request must comply with the listed special land uses in the respective zoning district.

## APPLICATION MUST BE COMPLETE - INCOMPLETE APPS MAY BE RETURNED TO THE APPLICANTS

I. LOCATION						
Address:	Parcel Code: 035-					
City/Village:	1 z	ip Code	<b>)</b> :			
Between:	ween: I And:					
. APPLICANT INFORMATION			-			
Applicant Name:						
Address:				······································		
City/Village:	·	Zip Code:				
Home Phone:	Work Phone: I Em	I Email:				
. ZONING QUESTIONS						
What is the zoning district of the pr				·		
What is the proposed special land			1 110	···········		
Will new construction or alteration	of an existing structure be required?	<u> </u>	NO			
CDECIAL LAND HEE OHES	TIONS					
. SPECIAL LAND USE QUES	ary to adequately serve the proposed Special Land	Тп	YES		NC	
Use?	ally to adequately serve the proposed opecial cand	4	ILO		INC	
Will additional or extraordinary pub Land Use?	olic services be required to serve the proposed Special		YES		NC	
Are additional site improvements r zoning requirements?	necessary for the proposed Special Land Use to meet		YES		NC	
	se in any manner create any dangerous, injurious, e elements or conditions so as to adversely affect the mises?		YES		NO	
Will the proposed Special Land Us erosion, or other nuisances?	e create noise, vibration, odor, air pollution, glare,		YES		NC	
f "YES" to any of the above, pleas	se explain (add additional pages/documentation as ne	cessai	ry):			
5. RESPONSIBILITIES OF AP t is the applicant's responsibility to	be aware of any deed restrictions, subdivision regulati	ons, flo	ood plai	'n		
egulations, and wetland regulation nowledge and belief.	s. All of the information included in this form is true to	the be	est of m	ıy		
Signature:	Driver's License #:	<u></u>	Date:_			
PC Hearing Date:	PC Decision:					
Zoning Administrator	Date:				************	
Zoning Administrator	Date.					