

ESTABLISHED 1835



Agriculture Tourism/Commercial Business Special Use Events Permit Application Form

• 18027 Old US 12 • Chelsea, MI 48118 • (734)475-8890 • FAX (734)475-8905
• www.sylvan-township.org

Staff Use Only	Property Address:	
Fee:	Planning Commission Number:	Application Date:

1. Record Owner(s):

Name: _____
Mailing Address: _____
City, State, ZIP: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

2. Authorized Agent(s):

Name: _____
Mailing Address: _____
City, State, ZIP: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

3. Property Address _____

4. Zoning District _____ **5. Tax Identification Number** _____ - _____ - _____ - _____

6. List Summary of Each Event (Please use separate page attached to thoroughly detail each one):

EVENT #1 _____ DATE(S) _____
EVENT #2 _____ DATE(S) _____
EVENT #3 _____ DATE(S) _____
EVENT #4 _____ DATE(S) _____
EVENT #5 _____ DATE(S) _____

7. Size of Property: 25 Acres 26-30 Acres 30+ Acres

8. Items Required (Please check items submitted):

- _____ A. Special Use Event Permit Application filled out completely and signed.
- _____ B. Complete details of the proposed use *per event*, on Special Event Description Form (attached).
- _____ C. Site Plan
 - Address of the property, scale, date, and north point.
 - Location, shape and dimensions of the lot.
 - Setbacks to all property lines.
 - Clear description of existing and intended uses of all structures and areas of the property
 - Additional information as required by the zoning inspector for purposes of determining compliance with this chapter.

Special Use Event Permit

PCE - _____

- Lot size and square footage calculations of the existing and proposed buildings and use areas.
- Additional information as required by the zoning inspector for purposes of determining compliance with this chapter.

_____D. Fee \$900 plus deposit of \$1,500 for consulting fees (attorney, engineering and planning)¹

_____E. Additional Information including but not limited to (if necessary)

- Sanitation Facilities
- Temporary Structures
- Parking Area/Plan
- Other information necessary to determine compliance with the zoning regulations.

9. Certification and Signature of Applicant and/or Owner:

I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any special use event permit grants only that which was represented to the Planning Commission at the Public Hearing. No other use may be substituted without a rehearing.

_____/_____
Signature of Owner/Date²

_____/_____
Signature of Applicant /Date

Staff Use Only			
Notice Date / /		Hearing Date / /	
Continued Date / /			
Decision:	Approve		
	Deny		
	Approve w/Conditions		
List of Conditions:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Zoning Administrator _____	Date / /		

¹ Billing will be sent on a monthly basis as costs are incurred. The remainder of the deposit will be returned when the event is complete and the fees have been paid in full. The \$900 fee entitles you to one public hearing if additional public hearing are determined necessary by the Planning Commission and the cause for the hearing are due to inadequate information provided or additional information needed a resubmittal fee of \$400 dollars will be charged to the applicant.

² The owner's signature is required. If the owner does not sign this document a letter of owner's authorization is required. This authorization letter should state that the owner has allowed the applicant to apply for the special use permit. This authorization letter needs to be signed and dated by the property owner.

SYLVAN TOWNSHIP
SPECIAL USE EVENT DESCRIPTION FORM
Agriculture Tourism/Commercial Business
Use a Separate Form for Each Event

Event Number (From page 1):		
Event Description:		
Is this a music event?	YES	NO
Hours of operation	From:	To:
Dates of event	From:	To:
Number of Employees		
Address of Property on which event will be held:		
Areas of property that will be used:		
Setbacks to Property Lines:		
List any machinery that will be used:		
Sanitation Facilities:		
Temporary Structures:		
Parking Area/Plan:		
Use back of this form or attach additional sheet for any additional information we may need		
Signature:		Date: