

APPLICANT INSTRUCTIONS FOR SPECIAL USE PERMITS

1. A Special Use Permit application package is available from the City of Clare Clerk's office. The application shall be completed in full with the appropriate fee to this office. The office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.
2. The application package consists of one (1) applicant checklist, one (1) application form and one (1) review guidelines form.
3. Special Use Permits are permits that allow for uses of land that require individual review and restriction in order to ensure compatibility with the surrounding area, public services and facilities, and adjacent land uses.
4. Applications for special use permits shall be submitted to the Planning Commission. Each application shall be accompanied by the payment of a fee.
5. An application for a special use permit shall include a site plan as specified in Section Article VII, of the Zoning Ordinance, Section 52-411 through 52-424.
6. It is your responsibility to ensure that the PUD plan is complete. An incomplete PUD plan may take additional time to review. *(If applicable)*
7. The application will be forwarded to the Planning Commission for a public hearing.
8. Planning Commission meetings are held every month as announced on cityofclare.org and by public notice.
9. A notice of the public hearing must be published between five (5) and fifteen (15) days before the public hearing. As a general rule, the application must be received by the Planning Commission at least four (4) weeks prior to the Planning Commission meeting.
10. You will receive a notice in the mail and you are expected to attend the Planning Commission meeting.
11. The Planning Commission is responsible for approving the final development plan.
12. It is your responsibility to review the appropriate sections of the Zoning Ordinance.

If you have any questions on completing this application, please call the City of Clare City Manager at (989) 386-7541.

City of Clare, Planning Commission, 202 West Fifth Street, Clare MI 48617

CITY OF CLARE SPECIAL USE REQUEST APPLICATION

Dated submitted _____

CITY OF CLARE PLANNING COMMISSION 202 West Fifth Street Clare MI 48617 989-386-7541 FAX 386-4508 Cityofclare.org	SPECIAL USE FILE NUMBER _____ Special Use Approval Fee: _____ Approval Renewal Fee: _____ Escrow fee: _____
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NOTICE TO THE APPLICANT

Regular meetings of the City Planning Commission are held monthly as announced on cityofclare.org and by public notice at City Hall.

Applications for special use approvals requiring the submittal of a site plan shall conform to the requirements contained in the City of Clare Zoning Ordinance.

A Planning Commission public hearing shall be scheduled following a determination by the Planning Commission that the special use request application is complete and meets the requirements of the City Zoning Ordinance.

PLEASE FILE ORIGINAL APPLICATION FORMS.
 ALSO ELECTRONIC COPY REQUIRED TO BE SENT TO dlyon@cityofclare.org.

1. Name of the proposed development: _____

2. Location of the subject property: _____
 The subject property has a frontage of _____ feet and a depth of _____ feet
 on _____ street, located between _____
 and _____ streets, acreage of site is _____ acres.

3. Zoning classification of the subject property: _____

4. Tax identification number(s) (sidwell) of subject property: _____

5. Description of proposed use: _____
 Gross bldg. area of this project _____ Total G.B.A. on site _____

6. Section of the Zoning Ordinance under which special use approval is sought: _____

7. Applicant for special use approval: Name _____ Company _____ Address _____ City _____ State _____ Zip _____ Telephone _____ E-mail _____	Owner of the subject property: Name _____ Company _____ Address _____ City _____ State _____ Zip _____ Telephone _____ E-mail _____
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8. The applicant bears the following relationship to the owner of the subject property:

9. Signature of applicant _____ Date _____

10. Signature of property owner _____ Date _____

By this signature, the property owner authorized the placement of a sign on the property to inform the public as to this request for special use approval.

SPECIAL USE APPROVAL INITIAL SUBMITTAL CHECKLIST

Where requirements duplicate site plan requirements, please so note and do not duplicate filings

The following shall constitute an initial submission:

Required Provided

- | | | |
|-------|-------|---|
| _____ | _____ | Completed City of Clare special use approval application form and fees (required/escrow), along with electronic copy sent to dlyon@cityofclare.org |
| _____ | _____ | Statement of compatibility with development or use of the adjacent property. |
| _____ | _____ | A certified boundary survey, including legal description and scaled drawing, prepared by a licensed land surveyor. The legal description of acreage parcels and parcels from subdivisions platted prior to January 1, 1970 shall be tied to a recorded section or quarter-section corner. |
| _____ | _____ | One (1) certified topographic survey showing current site improvements. The topographic survey shall provide one foot contour intervals and shall be printed on 24 x 36 inch sheet. |
| _____ | _____ | A location map indicating the subject property and the zoning and uses of the abutting and/or adjacent properties (may be included on the site plan). |
| _____ | _____ | One (1) folded copy of a proposed site plan indicating the intended uses of the subject property and containing the information, statistics, and drawings indicated in the City of Clare Zoning Ordinance, as per the Zoning Ordinance. |
| _____ | _____ | One (1) copy of an environmental impact statement when required by the provisions of the City of Clare Zoning Ordinance. |
| _____ | _____ | One (1) copy of preliminary tree preservation plan/tree inventory (or a waiver issued by the City of Clare). |
| _____ | _____ | One (1) copy of the proposed landscape plan prepared in conformance with the City of Clare's Zoning Ordinance. |
| _____ | _____ | One (1) copy of the preliminary floor plans. |
| _____ | _____ | One (1) copy of the preliminary elevations of the proposed buildings, indicating building height. |
| _____ | _____ | One (1) copy of the preliminary grading plan in accordance with the City of Clare Engineering Design Standards. |
| _____ | _____ | One (1) copy of the wetlands determination map and wetland report, if required. |
| _____ | _____ | Notification to the Michigan Department Environmental Quality, Federal Aviation Administration, the Michigan aeronautics Commission and similar agencies which may or may not have jurisdiction over this project. <i>(If applicable)</i> |
| _____ | _____ | A letter or signed narrative describing in detail the proposed special use and detailing why the location selected is appropriate. |
| _____ | _____ | Applicant's statement of the expected effect of the special use on emergency service requirements, schools, storm water systems, sanitary sewer facilities, automobile and truck circulation patterns, and local traffic volumes. |

Required Provided

_____ _____ Any additional material information necessary to consider the impact of the project upon adjacent properties and the general public as may be required by this ordinance, by the City Zoning Administrator or the Planning Commission; including, but not limited to, measures which will be undertaken to control soil erosion, shoreline protection, excessive noise, or adverse impacts of the development on the surrounding properties; elevations on all buildings; including accessory buildings; and, an environmental assessment.

_____ _____ Supporting statements, evidence, data, information and exhibits that address the standards and requirements for assessing Special Use permit applications as provided in Article V, Zoning Ordinance, Sections 52-341 through 52-370 and other applicable provisions.

NOTE: All drawings shall be sealed and signed by a State of Michigan professional engineer, registered architect, registered landscape architect, or professional community planner.

All copies shall be folded. Please note that the above quantities are for the initial application submission.

NOTICE TO APPLICANT

BY STATE LAW, PUBLIC HEARING NOTICES REGARDING REQUESTS FOR SPECIAL USE APPROVAL WILL BE SENT TO THE OWNERS AND OCCUPANTS OF PROPERTIES WITHIN 300 FEET OF THE SITE INVOLVED IN THE REQUEST. OPINIONS OF ADJACENT PROPERTY OWNERS ARE TAKEN INTO CONSIDERATION BY THE PLANNING COMMISSION IN THE COURSE OF THEIR PUBLIC HEARING. APPLICANTS FOR SPECIAL USE APPROVAL SHOULD PROVIDE INFORMATION TO ADJACENT PROPERTY OWNERS REGARDING THEIR PROPOSALS, IN ADVANCE OF OR IN CONJUNCTION WITH THE FILING OF THE APPLICATION. THE PROVISION OF SUCH INFORMATION WILL OFTEN SERVE TO RESOLVE CONCERNS, AND ENABLE THE PUBLIC HEARING PROCESS TO PROCEED MORE EFFICIENTLY.

**SPECIAL USE APPROVAL APPLICATION
PLANNING COMMISSION PACKET CHECKLIST**

When it is determined that the application is complete and meets the minimum requirements of the City of Clare Zoning Ordinance, the applicant shall be requested to submit the following information at least thirty (30) days prior to the Planning Commission meeting.

Required Provided

- | | | |
|-------|-------|--|
| _____ | _____ | _____ full sets of plans – folded and stapled into individual packets along with electronic copy sent to dlyon@cityofclare.org , including: |
| _____ | _____ | Certified topographic survey. |
| _____ | _____ | Proposed site plan indicating the intended uses of the subject property and containing the information, statistics, and drawings indicated in the City of Clare Zoning Ordinance. |
| _____ | _____ | Preliminary tree preservation plan / tree inventory. |
| _____ | _____ | Approved landscape plan prepared in conformance with the City of Clare’s Zoning Ordinance requirements. |
| _____ | _____ | Preliminary Floor plans. |
| _____ | _____ | Preliminary Elevations of the proposed buildings. |
| _____ | _____ | Preliminary grading plan in accordance with the City of Clare Engineering Design Standards. |
| _____ | _____ | Wetlands determination map and wetland report. |

NOTE: ALL DRAWINGS SHALL BE SEALED AND SIGNED BY A STATE OF MICHIGAN PROFESSIONAL ENGINEER, REGISTERED ARCHITECT, REGISTERED LANDSCAPE ARCHITECT, OR PROFESSIONAL COMMUNITY PLANNER.

THE ESCROW FEE IS AN ADDITIONAL FEE ABOVE THE NON-REFUNDABLE APPLICATION FEE WHICH MAY BE ASSESSED AT THE DISCRETION OF THE CITY OF CLARE TO DEFRAY ANY AND ALL ADMINISTRATIVE COSTS ABOVE THOSE REQUIRED FOR PUBLIC NOTICE AND MAILINGS, TO INCLUDE, BUT NOT LIMITED TO, ENGINEERING FEES, ENVORINMENTAL FEES, ETC. THE APPLICANT IS RESPONSIBLE TO PAY THE FEES ASSESSED.

SPECIAL USE PERMIT CHECKLIST

LOCATION OF PARCEL:

RECORDING DATES:

Staff/applicant
conference.....Date:_____

Application received.....Date:_____

Application.....[Fee: \$ _____].....Date:_____

Escrow-----[Fee: \$ _____].....Date:_____

Site plans received.....Date:_____

Field check and photograph.....Date:_____

Staff report.....Date:_____

Review committee distribution.....Date:_____

Review committee meeting.....Date:_____

Letter to applicant.....Date:_____

Legal notice and area map to newspaper.....Date:_____

Legal notice and map published.....Date:_____

Notification of date, time, and place of public hearing and map mailed
To applicant, property owners, neighborhood organizations, and
Utilities within 300 feet sent 15 days prior to public hearing.....Date:_____

No. Sent _____

No. Returned _____

Planning Commission distribution.....Date:_____

Planning Commission public hearing.....Date:_____

Letter to applicant on action taken (copy to Zoning Inspector).....Date:_____

Special use permit approval.....Yes ___ no ___

Conditions imposed..... Yes ___ no ___

Conditions: _____

STATEMENT OF ACTION
For Staff Use Only

A. Applicant Information

Name of Applicant _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Owner of Parcel (if different from applicant) _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

B. Property Address _____

C. Your request for a Special Use Permit has been reviewed and approved/denied on _____.

Purpose of Special Use Permit _____

Conditions, if any, and additional comments _____

D. This Special Use Permit will expire if material progress is not made toward the subject property by _____ (date).

Performance bond, if any Amount \$ _____

For the purpose of Description _____

To be completed by Dated: _____

The signature below shall attest to the fact that a special use permit request has been reviewed by the City of Clare Planning Commission as requested by the applicant whose name appears above.

Authorized City Representative

Date