



Application No: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Hearing Date: \_\_\_\_\_  
 Application/Escrow Fee: \_\_\_\_\_

## OCEOLA TOWNSHIP

1577 N. Latson Road, Howell, Michigan 48843  
 P: (517) 546-3259 F: (517) 546-6697  
 Website: www.oceolatwp.org

### SPECIAL USE PERMIT APPLICATION

**Applicant Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Interest in the Property (e.g. owner, land option, etc.) \_\_\_\_\_

**Property Owner** (if other than applicant) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Property Information**  
 Street address \_\_\_\_\_ Parcel # \_\_\_\_\_  
 Location \_\_\_\_\_  
 Area \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Zoning District \_\_\_\_\_  
 Current Use(s) \_\_\_\_\_

**Proposed Use** (check one and complete any additional requested information)  
 Residential - Number of Units: \_\_\_\_\_  Office  Commercial  
 Industrial – Products to be produced: \_\_\_\_\_  
 Institutional – Type of Institution: \_\_\_\_\_  
 Other – Describe: \_\_\_\_\_

**Proposed Construction** (please check any that apply)  
 New Building  Addition  Alteration/Repair/Replacement  Other

**Brief Description of Special Use Requested** (attach detailed description of the intent to use the property)  
 \_\_\_\_\_  
 \_\_\_\_\_

Continued on other side

**Oceola Township Special Use Permit Application (continued)**

---

---

---

**Application Procedure**

The applicant must submit the following:

1. Completed application form (*reverse side of this sheet*)
2. Letter of Intent
3. Proof of Ownership – DEED
4. Site Plan with Site Plan Application (*per requirements of Section 17.02 B.*)
5. Application Fee (\$600.00 – non-refundable)
6. Escrow Fee (\$1,000.00)

~ HEARING WILL NOT BE SCHEDULED UNLESS ALL INFORMATION IS SUBMITTED AND FEES PAID ~

Property Owner must attend all Township meetings or be represented by a person with a **notarized** letter of representation to act on behalf of owner.

I hereby affirm that the information given herein is true and correct to the best of my knowledge and grant permission for Township Officials and/or Township Staff to conduct on-site inspection:

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date