APPLICATION FOR ZONING ACTION

CHANDLER TOWNSHIP

Dennis Howard, Zoning Administrator 01425 Walton Road, Boyne Falls, MI 49713 (231) 675-3315

Applicant's Information		
Name:	Pho	one:
Address:		
Owner's Information (if different from the applicant)		
Name:	Ph	one:
Address:		
_Job Site Information		
Zone District:	Ta	x Parcel #:
Address:	Nea	arest Intersection:
Request Description:		
_		
all setbacks, well and septic location plan should be a minimum of 8 ½" X 7.3 of the Zoning Ordinance. As the owner and/or applicant representation of the inspections of the septic location of the inspections of the septic location of the inspection of the inspec	n, streets, and amenities 11". Refer to Article VI, senting the owner, I auth r committee members) to project or request ide conducted at reasonable	perty locations and dimensions (including height), a or unique natural features. Note: The site / plot Sections 6.2 & 6.3, and Article VII, Section 7.1 & orize Chandler Township (staff, appointed board or enter upon the subject property for purposes of entified in this application. If authorized, such e hours and times. I certify that all the above see to comply with the provisions of the Chandler
Township Zoning Ordinance. — — — — — — — — — — — — — — — — — — —		
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FOR OFFICE USE ONLY		
Date Received:	A	ssigned Case #:
Planning Commission Special Use Permit Site Plan Review Planned Unit Development (PUD) Zoning Map Change Zoning Text Change		oard of Appeals Variance Expand Nonconforming Use Interpretation Administrative Appeal Other
Permit Fee: \$	Date Paid:	Check #:

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FOR OFFICE USE ONLY REQUIREMENTS FOR SPECIAL USE PERMITS, PUDS, AND SITE PLANS Date Date Submitted Submitted Required Map Site Inventory Engineering Drainage Map Fire Department Approval Soil Erosion Permit Wetlands Permit Topographic Maps Soil Borings Impact Statement Site Grading Plans Fence / Screening Plan Landscape Plan Improvement Guarantees Parking Plan Health Department Approval Road Commission Other Licenses / Permits MDOT Approval **RECORD OF TOWNSHIP ACTION** □ Approved Denied □ Conditionally Approved, with the following conditions:

Approval Date: _____

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Approved By: _____

General Comments

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