

TEMPORARY SPECIAL LAND USE APPLICATION

1. Applicant(s): _____

Address: _____

Telephone /Cell: _____ Email Address: _____

2. Property Owner: (if different than above) _____

Address of Temporary Use: _____

3. Telephone/Cell: _____ Email Address: _____

4. Legal Description: **(See Attached)**

5. Parcel Number of affected property: 61-07-_____

6. Zone Classification: _____

7. Present Use of Property: _____

8. Special Land Use Proposal:

9. Date of Temporary Use: _____

Documents and information below will be provided prior to **Final Action (approval or denial)**. *

1. _____ Site plan with scaled dimension.
2. _____ Site plan showing landscape: signs, easements, utilities, parking, street lights, etc.
3. _____ Application must be submitted, along with proper paperwork a minimum of 30 days before the date the Temporary Special Land Use Approval is to be in effect.
4. _____ Approval from the Health Department (if necessary).
5. _____ Site Inspection (if necessary).
6. _____ Fire Chief Inspection (if necessary)

Please answer the following questions in detail:

1. How will the proposed use impact the surrounding properties as it relates to the following areas?

Noise: _____

Dust: _____

Odor: _____

Safety: _____

Traffic: _____

Light: _____

3. What are the proposed hours of operation? _____

4. Are you required to obtain any special license or permits through any other government agency? _____

If yes, what type of licenses and permits are required? _____

5. If this application is for day care, how many children will you be caring for? _____

6. If this application is for an assisted living facility, how many units will you have in the facility?

7. How many employees/shifts will work at the facility? _____

Note: * Depending upon the size, complexity, location or other factor relating to the proposed Special Land Use, some of the above information may not be necessary. The Zoning Administrator may request you provide additional documents if needed. The more information you supply with this application, the earlier he/she can render a decision.

I hereby grant permission for members of the Dalton Township Planning Commission, Zoning Board of Appeals, Township Board, Zoning Administrator, Building Inspector, and or Fire Chief to enter the property as described in the attached application for the purpose of gathering information related to this application or request.

I (we) hereby swear and attest that the information is true and accurate according to my knowledge.

THIS APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION IS RECEIVED.

Signature of Applicant(s)

Date

Signature of Applicant(s)

Date

Signature of owner (if different from applicant)

Date