

**VILLAGE OF PORT SANILAC  
APPLICATION AND PERMIT FOR SPECIAL LAND USE**

*ALL FEES ARE FOR PROCESSING THE APPLICATION AND ARE NON-REFUNDABLE*  
FEE PAID \_\_\_\_\_ (YES OR NO)      AMOUNT PAID \$ \_\_\_\_\_ RECEIPT ATTACHED \_\_\_\_\_

**Property Zoned:** RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
COMMERCIAL BUSINESS DISTRICT \_\_\_\_\_ AGRICULTURAL/RESIDENTIAL \_\_\_\_\_

**Property Owners Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant/Developer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State and Zip Code)

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Current Use: \_\_\_\_\_ Prospective Use \_\_\_\_\_

Currently Zoned: \_\_\_\_\_ Prospective Zoning: \_\_\_\_\_

**Name, address and signature of every person, firm or corporation having interest in this land:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Legal description and Tax ID Number** \_\_\_\_\_

*Note: Attach a copy of the most recent deed or land contract and last tax bill)*

**Survey Property markers** have been identified: Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: If no markers are identified, a survey must be conducted for new permanent or additional projects)*

**Site Plan Submittal Requirements** from Port Sanilac Village Zoning Ordinance 16.5.1 was provided to the property owner, applicant and/or developer on  
(date) \_\_\_\_\_

**Prospective Use:** Describe in detail the prospective use of the land at issue for which a Special Land Use is requested:  
\_\_\_\_\_  
\_\_\_\_\_

**Prospective Construction:** Describe the structures to be erected or modified: \_\_\_\_\_  
\_\_\_\_\_

Name of Primary Contractor \_\_\_\_\_

Address: \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Further inquiries may be directed by the applicant upon review of this application and documents*

attached.

*Attach to each copy of this Application a detailed sketch identifying the land and structures involved, dimensions of buildings and distances to property lines. List all public and private rights of way and easements bounding and intersecting the land under construction.*

*Any changes to this Special Land Use application must be approved by the Zoning Administrator.*

I agree to conform with the Village of Port Sanilac Zoning Ordinances and all provisions therein. I understand this Application shall expire one year from the approved date if no building has taken place and a new Rezoning Application must be applied for.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Property Owner)

Printed Name of Property Owner: \_\_\_\_\_

**AFFIDAVIT:** I agree the statements made above are true and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulation is provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding that all applicable sections of the Village of Port Sanilac Zoning Ordinances will be complied with. Further, I agree to notify the Zoning Administrator of the Village of Port Sanilac for inspection before the state of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials of the Village of Port Sanilac, Sanilac County and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand this is a Special Land Use Application and if a permit is issued, conveys only land use rights and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Property Owner)

Printed Name of Property Owner: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY VILLAGE OF PORT SANILAC**

Application received by the Village on (date& time) \_\_\_\_\_

Fee of \$ \_\_\_\_\_ paid on (date) \_\_\_\_\_.

Received by Village Council Chairperson or Secretary on (date & time) \_\_\_\_\_

Public Hearing set for (date and time) \_\_\_\_\_

The Port Sanilac Planning Commission met on (date & time) \_\_\_\_\_  
and approved \_\_\_\_\_ OR denied \_\_\_\_\_ the request for a Special Land Use.  
(A copy of the Planning Commission Action is attached.)

The Port Sanilac Village Council met on (date & time) \_\_\_\_\_ and took action to  
approve \_\_\_\_\_ OR deny \_\_\_\_\_ the rezoning application.