

Date Received: \_\_\_\_\_  
 Application No: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_  
 Received by: \_\_\_\_\_



223 East Gates  
 Romeo, MI 48065  
 586-752-4585  
 Fax 586-752-3870  
 www.brucetwp.org

**APPLICATION FOR SPECIAL LAND USE APPROVAL  
 FOR ACCESSORY BUILDINGS & STRUCTURES  
 BRUCE TOWNSHIP, MACOMB COUNTY, MICHIGAN**

Please submit \$250.00 and 16 copies of all documentation

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

If you are not the property owner, what is your relationship to him/her? (circle one)

Builder          Have Option to Purchase          Agent/Other \_\_\_\_\_

LEGAL OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

COMMON DESCRIPTION OF PROPERTY AND PARCEL ID NUMBER: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: (Attach separately)

WIDTH: \_\_\_\_\_ LENGTH: \_\_\_\_\_ SIZE (in acres): \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_ ZONING OF SURROUNDING PROPERTY: \_\_\_\_\_

Sixteen (16) copies of the application and site plan (please see attached example) shall be submitted to the Planning & Zoning Department at least six (6) weeks prior to the regular meeting of the Planning Commission at which the request will be considered. The site plan and other accompanying material shall include all necessary information

as required by Article 27 of the Bruce Township Zoning Ordinance. Plans presented at the Planning Commission meeting will not be accepted for review. The applicant or representative must be present at the Planning Commission meeting.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any Planning Commission/Township Board action/decision may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the decision that may be issued is with the understanding that all applicable sections of the Bruce Township Zoning Ordinance will be complied with. Further, I agree to notify the Building Official of Bruce Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. Further, I agree to give permission for officials and staff of Bruce Township, Macomb County and the State of Michigan to enter the property for the purposes of inspection subject to this application. Also, I understand that this is a residential special land use application (not a permit) and any action by the Planning Commission/Township Board 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Legal Owner's Signature (if not applicant)

\_\_\_\_\_  
Legal Owner's Name (please print)

\_\_\_\_\_ 16 copies of application

\_\_\_\_\_ 16 copies of site plan

\_\_\_\_\_ \$250.00 fee

Bruce Township strongly encourages the purchase and/or review of the Bruce Township Zoning Ordinance 161. You can purchase a copy in our office for \$30, or \$5 for a digital copy. The ordinance is also available on our website at [www.brucetwp.org](http://www.brucetwp.org).