

Date Received: _____
 Application No: _____
 Fee Paid: _____
 Received by: _____



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

APPLICATION FOR SPECIAL LAND USE APPROVAL
 BRUCE TOWNSHIP, MACOMB COUNTY, MICHIGAN

*Please note that private road applications require additional information and an additional application

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: _____

PROPOSED USE OF LAND: _____

NAME OF PROPOSED DEVELOPMENT: _____

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: _____

Nineteen (19) copies of the application and site plan and a digital copy of the site plan 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 4 and/or 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. All plans must be folded when submitted.

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 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)

- _____ 19 copies of application
- _____ 19 copies of site plan
- _____ 1 digital copy of the site plan
- _____ Site plan checklist

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.