



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

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

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

Please submit non-refundable payment and 12 copies of all documentation

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

APPLICANT'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CIRCLE ONE: Property Owner / Builder / Have Option to Purchase / Agent/Other _____

LEGAL OWNER'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

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: _____

ADDITIONAL INFORMATION IF ANY _____

Twelve (12) copies of the application and site plan along with a digital copy of the site plan shall be submitted to the Planning & Zoning Department at least 45 days 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 the Bruce Township Zoning Ordinance 161, Section 6.2.

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)

- _____ 12 copies of application
- _____ 12 copies of site plan
- _____ 1 digital (pdf.) copy of the site plan
- _____ Completed Site Plan Checklist
- _____ Non-refundable application fee

Bruce Township strongly encourages the review of the Bruce Township Zoning Ordinance 161, available at www.brucewp.org.