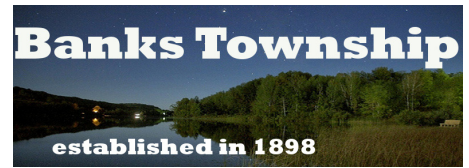


# SPECIAL USE PERMIT / SITE PLAN REVIEW APPLICATION



Banks Township, Antrim County, Michigan  
6520 Center Street, Ellsworth, Michigan 49729  
Phone: 231.588.6126 Website: www.bankstownshipmi.gov  
Zoning Administrator: Kurtis Busman  
(231) 676-2414 or zoning@bankstownshipmi.gov

Application Number: \_\_\_\_\_

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## OWNER INFORMATION (Please Type or Print Clearly)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_

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## APPLICANT'S INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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## PROPERTY INFORMATION

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

Parcel Number/Property Description: \_\_\_\_\_  
\_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_

If this project is one phase of a larger development and/or property subject to an **existing / previous Site Plan Review, Special Use Permit, or Variance**, what is/are the applicable permit number(s)?: \_\_\_\_\_  
\_\_\_\_\_

**Provide proof of current property ownership.** If applicant is not the current property owner, also provide written permission to act as agent of, and complete contact information for the current property owner. \_\_\_\_\_  
\_\_\_\_\_

Proposed Use/Change to Property: \_\_\_\_\_  
\_\_\_\_\_

Estimated Start and Completion Dates: \_\_\_\_\_  
\_\_\_\_\_

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**Affidavit:** The undersigned affirms that he/she is the \_\_\_\_\_ (owner, agent, lessee, or other interested party) involved in this petition and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. By making this application, the undersigned grants all officials, staff and consultants of Banks Township access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Special Use Permit and Zoning Ordinance compliance.

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

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**BELOW FOR TOWNSHIP USE ONLY**

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Application Complete?  Yes  No

Signature: \_\_\_\_\_

Public Hearing/Meeting: \_\_\_\_\_ Date of Advertising: \_\_\_\_\_

Notes: