

# MACOMB TOWNSHIP

---

54111 Broughton Road • Macomb, MI 48042  
586-992-0710 Ext. 7103 • [PlanDropBox@macomb-mi.gov](mailto:PlanDropBox@macomb-mi.gov)

---

[www.macomb-mi.gov](http://www.macomb-mi.gov)



APPLICATION PACKET FOR:

---

## SPECIAL LAND USE REVIEW

---

**APPLICANTS TAKE NOTE OF THE FOLLOWING:**

All applications must contain each page from this application packet, including the checklist and any unused pages. If your application does not include all the items, it will not be processed by the Planning Department.

Please use only the forms provided with this application.  
No other forms, however similar, will be accepted.

If you would like to meet with staff before submitting any application, please call or email us to schedule a meeting. We can be reached at 586-992-0710 Ext. 7103 or [PlanDropBox@macomb-mi.gov](mailto:PlanDropBox@macomb-mi.gov).

# SPECIAL LAND USE REVIEW APPLICATION PACKET

## CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted electronically via email to [PlanDropBox@macomb-mi.gov](mailto:PlanDropBox@macomb-mi.gov) and shall include a PDF of the application, a copy of the check, and any/all plans and supplemental information. The check shall be hand delivered to the Planning Department within Town Hall during posted business hours or mailed to Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 in an envelope stating "Attention: Planning Department," (if mailed, the application shall be included in the envelope with the check).

Once the complete package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

Please initial below to indicate that each required item is being submitted. Failure to initial that all items have been provided will result in an immediate rejection of the application.

\_\_\_\_\_ **Completed Application.** This includes an **Affidavit of Ownership**. Incomplete applications or  
Initial missing pages will not be accepted.

\_\_\_\_\_ **Payment.** Please make your (non-refundable) check payable to "**Macomb Township**".  
Initial Payment for Special Land Use Review is \$1,500.00, except for Wireless Communication Equipment where the review fee is \$1,000.00 per the Michigan Zoning Enabling Act. All application fees include an initial review and up to two additional review cycles. Payment must be dropped off at the Planning Department, or mailed with tracking, addressed to the Planning Department.

\_\_\_\_\_ **Letter.** A letter describing in detail the proposed use of the property. It should include  
Initial information regarding the proposed use's ability to meet the Special Land Use criteria as provided in [§10.2402\(B\)\(5\)\(a\)\(1-8\)](#) of the Zoning Ordinance.

\_\_\_\_\_ **Concept Plan(s)**, if applicable, showing information relevant to the Special Land Use request.  
Initial

\_\_\_\_\_ **Floor Plan(s).** Please be as detailed as possible and indicate any large equipment to be used.  
Initial

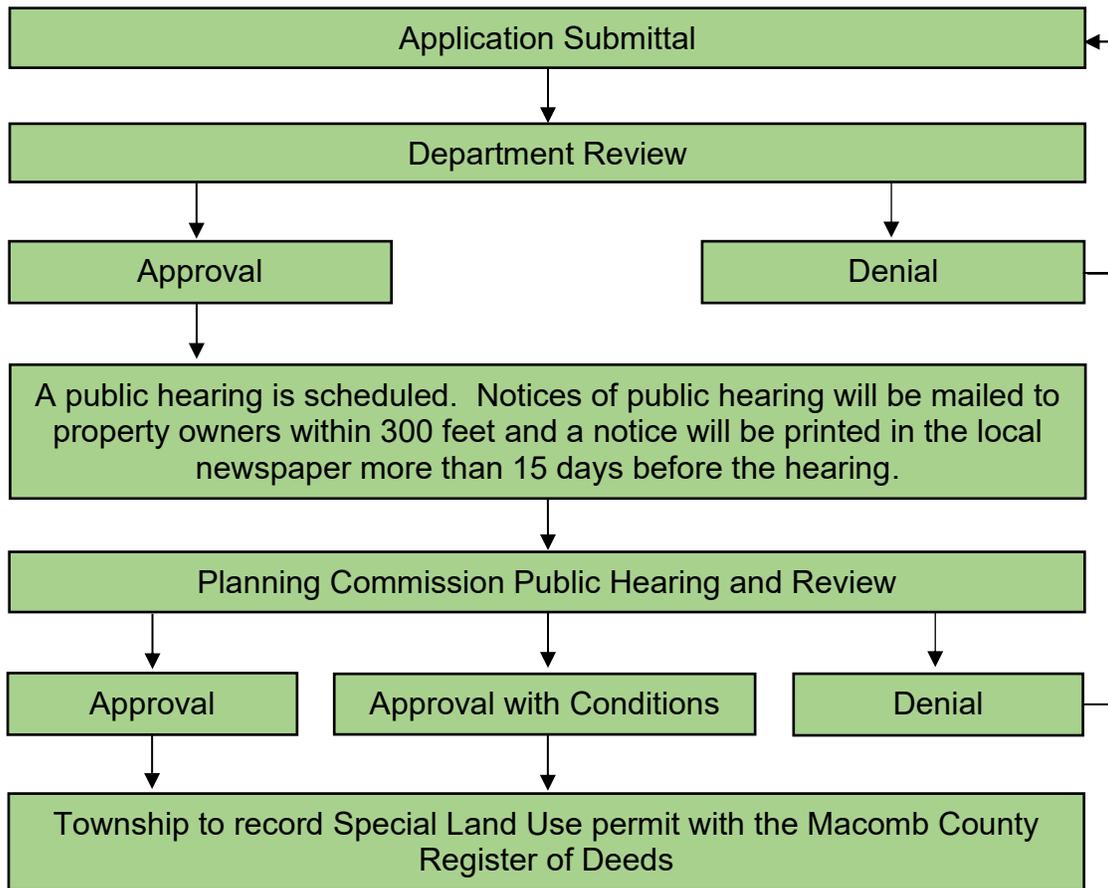
\_\_\_\_\_ **Crop Management Plan**, if applicable. Please refer to Article IV, [§10.0403\(P\)](#) of the Macomb  
Initial Township Zoning Ordinance.

# SPECIAL LAND USE REVIEW APPLICATION PACKET

## OVERVIEW

**What is a Special Land Use?** A Special Land Use may be requested for uses that are outside of the list of permitted uses for a property due to the potential impacts that use may have on adjacent properties. The application may include a concept plan showing information relevant to the Special Land Use request, if applicable.

**What are the procedures for requesting a Special Land Use?** Upon receipt of a complete application for the Special Land Use request, the Planning Department will distribute the application and submittals to internal departments for an approximate ten (10) day review period. Results of the reviews will be communicated to the applicant and a public hearing will be scheduled with the Planning Commission, at which **your presence is mandatory**. The Planning Commission has final authority to approve or deny the requested Special Land Use.



**SPECIAL LAND USE REVIEW APPLICATION PACKET**

**APPLICATION**

**MACOMB TOWNSHIP PLANNING DEPARTMENT  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT. 7103**

**Permanent Parcel Number 08 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.**

Project Name \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

Representative Name \_\_\_\_\_ Phone \_\_\_\_\_  
(if different from applicant)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**Representative Signature** \_\_\_\_\_

Location of Property \_\_\_\_\_  
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Existing Land Use \_\_\_\_\_

Current Zoning Classification \_\_\_\_\_

Legal Owner of Property \_\_\_\_\_ Phone \_\_\_\_\_  
(Print Owner's Name)

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Legal Owner Signature** \_\_\_\_\_

**SPECIAL LAND USE REVIEW APPLICATION PACKET**

---

**VERIFICATION OF RECORDED LEGAL PROPERTY**

---

Permanent Parcel No. 08 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

Project Name \_\_\_\_\_

Address of Parcel (if available) \_\_\_\_\_

Owner Name \_\_\_\_\_

Address of Owner \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

**SPECIAL LAND USE REVIEW APPLICATION PACKET**

**AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lease, etc.)** This requirement must be fulfilled to promptly process your application. By signing this form, the property owner grants Macomb Township the authority to place public notice sign(s) on the subject property and waives any right to claims of damages as a result of any sign(s) being placed.

(I), (We) \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) agreement to permit / allow the property described within the attached application for \_\_\_\_\_ to receive consideration by  
(type of application to be filed)  
Macomb Township.

(I), (We) further authorize \_\_\_\_\_, as a(n)  
(name of applicant)  
\_\_\_\_\_ of the property, to process an Application with the Township of  
(applicant's interest in property)  
Macomb on (my) (our) behalf.

**Please have the property owner(s) sign below:**

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Print Name)

**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER(s):**

**08** - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

STATE OF MICHIGAN

ss.

COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.  
(he, she, they) (his, her, their)

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in \_\_\_\_\_ County, Michigan