

APPLICATION FOR CONDITIONAL USE PERMIT



CITY OF ST. JOSEPH

700 Broad St., St. Joseph, MI 49085-1206
Phone 269-983-1212 Fax 269-985-0347

Please be certain to provide all required information;
an incomplete application will be returned.

PROPERTY INFORMATION

Property address(es) _____ Property Zoning District(s) _____

Tax Identification Number(s) _____

Short description of Conditional Use request _____

APPLICANT INFORMATION:

Applicant name _____ Company _____

Mailing address _____

Phone _____ Cell _____ Fax _____

E-mail _____

Is the applicant the owner of all properties? YES NO

If the applicant is not the owner, please attach written permission from the owner(s) to apply for this Conditional Use Permit.

An application for a Conditional Use Permit shall be accompanied by the following documents and information:

- A. *This application form, completed in full by the Applicant.*
- B. *A Minor Site Plan, satisfying the requirements of Article XII.*
- C. *A statement describing the intended Conditional Use, and specifically describing how the request complies with each of the criteria required for approval in Section 11.12, and other criteria imposed by this Ordinance affecting the Conditional Use under consideration.*

SEE REVERSE FOR MORE INFORMATION ON CONDITIONAL USE PERMIT STANDARDS.

The information on this application form is, to the best of my knowledge, true, accurate and complete.

APPLICANT SIGNATURE _____ DATE _____

I grant permission for members of the City of St. Joseph staff and officials to enter the above described property for the purpose of gathering information related to this application.

APPLICANT SIGNATURE _____ DATE _____

CONDITIONAL USE PERMIT STANDARDS

SECTION 11.2.A

Conditional Uses are allowed by right in a particular District, provided that the Use complies with the standards of this Article.

SECTION 11.3 CONDITIONAL USES

Before establishing, expanding, or amending a Conditional Use, with the exception of terminating a Conditional Use, any Person shall obtain a Zoning Permit from the Zoning Administrator, using a form provided by the City. The Applicant shall provide sufficient information to allow the Zoning Administrator to determine whether the proposed Use complies with the requirements of this Ordinance. If the application is denied, the Zoning Administrator shall identify the reasons for that denial. In such a case, an aggrieved Applicant may either appeal the Zoning Administrator's determination to the Zoning Board of Appeals, as described in Section 14.10, or may seek a Special Use Permit. If the Zoning Board of Appeals denies such an appeal, as an alternative to seeking Circuit Court review of the Zoning Board of Appeals decision as described in Section 15.4.19, the Applicant may seek a Special Use Permit.

Specific standards for individual Uses are located in the following sections of the Zoning Ordinance:

Business Service Establishments, Section 11.12.1
Community Residential Care Facilities, Section 11.12.2
Educational Institutions, Section 11.12.6
Facilities for the Dead, Section 11.12.7
Home Occupations, Section 11.12.8
Institutions for Human Care and Habitation, 11.12.9
Limited Neighborhood Businesses, Section 11.12.10.A
Lodging/Accommodations, Section 11.12.11.C
Medical Service Establishment, Small, Section 11.12.12
Multiple-family Dwellings, Section 11.12.14
Parking Facilities, Section 11.12.15
Religious Institutions, Section 11.12.17
Repair Services, Medium, Section 11.12.18
Research, Development and Scientific Establishments, Section 11.12.19
Sexually Oriented Businesses, Section 11.12.20
Single-family Dwelling, Section 11.12.21
Social Institutions, Section 11.12.22
Two-Family Dwelling, Section 11.12.23
Vehicle Sales and Service Establishments, Section 11.12.26

The City of St. Joseph Zoning Ordinance is available on the City website, www.sjcity.com , or from the Zoning Department.

Date received _____ \$50 Application Fee Paid _____

Submitted Materials: _____ Application Form _____ Minor Site Plan _____ Statement Fully Describing Request

Application reviewed by: _____ Date found complete/incomplete (*circle one*) _____

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