



**CITY OF WALLED LAKE**  
***APPLICATION FOR SPECIAL LAND USE REVIEW***

**NOTICE TO APPLICANT:** Applications for Special Land Use review by the Planning Commission must be submitted to the City *in substantially complete form*. The application must be accompanied by the data specified in the Zoning Ordinance and Special Land Use Review Checklist (attached), plus the required review fees. Regular meetings of the Planning Commission are held on the second Tuesday of each month at 7:30 p.m. All meetings are held at the Walled Lake City Hall, 1499 E. West Maple Road, Walled Lake, Michigan 48390. Phone number (248) 624-4847.

Special Uses shall comply with the standards in Section 21.29 of the Zoning Ordinance. Accordingly, a public hearing shall be held by the Planning Commission before a decision is made on any Special Use request. Furthermore, a site plan shall be required, which shall be prepared in accordance with Section 21.28 of the Ordinance.

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**TO BE COMPLETED BY APPLICANT:**

I (we) the undersigned, do hereby respectfully request Special Use Review and provide the following information to assist in the review:

Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner(s) (if different from Applicant): \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant=s Legal Interest in Property: \_\_\_\_\_

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Location of Property: Street Address: \_\_\_\_\_

Nearest Cross Streets: \_\_\_\_\_

Sidwell Number: \_\_\_\_\_

Property Description:

If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., acreage parcel), provide metes and bounds description. Attach separate sheets if necessary.

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Property Size (Square Ft): \_\_\_\_\_ (Acres): \_\_\_\_\_

Existing Zoning (please circle one):

- |      |                                      |     |                             |
|------|--------------------------------------|-----|-----------------------------|
| R-1A | Single Family Residential District   | C-2 | General Commercial District |
| R-1B | Single Family Residential District   | C-3 | Central Business District   |
| RD   | Two Family Residential District      | O-1 | Office District             |
| RM-1 | Multiple Family Residential District | CS  | Community Service District  |
| RM-2 | Multiple Family Residential District | I-1 | Limited Industrial District |
| MH   | Mobile Home District                 | P-1 | Vehicular Parking District  |
| C-1  | Neighborhood Commercial District     |     |                             |

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Please Complete the Following Chart:

Type of Development	Number of Units	Gross Floor Area	Number of Employees on Largest Shift
Detached Single Family			N/A
Attached Residential			N/A
Office			
Commercial			
Industrial			
Other			

**ATTACH THE FOLLOWING:**

- The required number of individually folded copies of the site plan, sealed by a registered architect, engineer, landscape architect or community planner. (If copies are submitted simultaneously for site plan review, then submittal of additional sets of prints is not necessary.)
- Proof of property ownership.
- A brief written description of the proposed use.

**PLEASE NOTE:** The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the site plan may be tabled due to lack of representation.

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**APPLICANT'S ENDORSEMENT:**

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner Authorizing this Application

\_\_\_\_\_  
Date

<b>TO BE COMPLETED BY CITY</b>	Case No. _____	
Date Submitted: _____	Fee Paid: _____	
Received By: _____	Date of Public Hearing: _____	
<b>PLANNING COMMISSION ACTION</b>		
To Approve: _____	To Deny: _____	Date of Action: _____
Reasons for Action Taken: _____		
_____		