

**BROOKS TOWNSHIP
PLANNING COMMISSION APPLICATION**



Welcome To
**Brooks
Township**
Newaygo County

Type of Request

- | | |
|---|---|
| <input type="checkbox"/> Amendment to Ordinance | <input type="checkbox"/> Rezoning Residential |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Commercial or Industrial |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Private Road |
| <input type="checkbox"/> Site Condominium | <input type="checkbox"/> Subdivision |
| | <input type="checkbox"/> Site Plan Review |

Address/Location of Subject Property: _____

Parcel # of Subject Property: _____

Current Zoning & Use of Subject Property: _____

Applicant Information:

Name: _____ **Organization:** _____

Address: _____ **City/State/Zip:** _____

Phone (H): _____ **Phone (W):** _____ **Fax:** _____

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Signature: _____

Date: _____

I hereby grant permission for members of the Brooks Twp. (Planning Commission) (Township Board) (Staff) to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application. (Note to applicant: This is optional and will not affect any decision on your application)

Signature of Owner: _____

Date: _____

Applicant is the: Owner Lessee Optionee Contractor/Architect

If the applicant is not the owner of the property, complete the following:

Owner's Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Signature:** _____

Proposed Use: _____ **Proposed Zoning:** _____

Explanation of Request: _____

If application is for a Special Use Permit, Planned Unit Development or Site Plan Review, please attach four (4) copies of a site plan. If application is for a private street/drive, please attach ten (11) copies of the construction plan.

TO BE COMPLETED BY TOWNSHIP

Date application received and accepted: _____

Receipt Number: _____ **Staff:** _____

Meeting Date (if applicable): _____

Note: Information contained in this application, as well as supporting documentation, may be subject to review by the public if a Freedom of Information Act Request is filed.

Project Surveyor Contact Information (if applicable)

Name: _____ **Organization:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Fax:** _____

Project Engineer Contact Information (if applicable)

Name: _____ **Organization:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Fax:** _____

Project Attorney Contact Information (if applicable)

Name: _____ **Organization:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Fax:** _____

Real Estate Firm Handling Sale of Property (if applicable):

Name: _____ **Organization:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Fax:** _____

Note: If you do not own the subject property, you must either have the owner sign the application (first page, where indicated) or you must provide a copy of a Purchase Agreement or instrument acceptable to the Township indicating that the owner is fully aware of, and in agreement with, the requested action.

Please note that other agency approvals may be required for your project. They include, but are not necessarily limited to, approvals of the:

- Newaygo County Road Commission
- Michigan Department of Transportation
- Newaygo County Health Department
- Michigan Department of Natural Resources
- Newaygo County Drain Commission
- Michigan Department of Environmental Quality
- Newaygo County Soil Erosion & Sedimentation Control Office

To ensure the expeditious handling of your project, it is recommended that agency contacts be made prior to, or concurrent with, submission of the Zoning Application. In certain instances, the Township may delay or condition zoning approval pending the outcome of other agency approvals.

Networkneighborhood/rentalcomputer/equalw/sharedzoningdocuments/forms/PCapplicationform.doc