

Date:

A non-refundable application fee of \$250 is required at the time this application is submitted.

Special Land Use Permit

1. Owner/Applicant Inform	nation			
Name:				
Mailing Address:				
Telephone:		E-Mail Addre	ss:	
2. Property Information:				
Parcel ID:			-	
Property Address:				
Check here if Address	is same as above.		Current Zoning District:	
3. Details of Special Land U	se Request			
Attach additional sheets if necessary	/			
Supporting Materials:	Site Plan: (Required)	Engineer or Architectural Blueprints:	Impact Statements: (If Necessary)	Operating Plans: (If Necessary)
		(If Necessary)		
4. Certification				
I hereby certify that the informat of this Special Land Use Permit is		· · · · · · · · · · · · · · · · · · ·		
I agree to comply with all additio	nal conditions and safe	guards that may be req	uired by the Planning Commis	sion. Furthermore, by signing
this document, I grant the City of the purposes of inspection, asses:			=	
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Owner/Applicant Signature:			Date:	
		For City Use Onl		
1 Application Descived		•		
Complete Application V	erification:			
3. Zoning Administrator Si	gnature:			
5. Planning Commission D	ecision: Approve	Deny Approve	with Conditions \square	

City of Harrison Special Land Use Planning Commission Checklist

Special Use Information and Compliance:
☐ Description of proposed use is provided and clear.
☐ Reason for Special Use designation is explained clearly.
☐ Use has been designated as a Special Use within the zoning district.
☐ Proposed use complies with all special regulations and district regulations.
☐ Proposed use aligns with the purpose and intent of the Zoning Ordinance.
☐ The proposed use complies with applicable laws, ordinances, and regulations of the City of Harrison, Clare County, and the
State of Michigan.
☐ The proposed special land use is compatible with the City of Harrison Master Plan.
\square The special land use is compatible with adjacent uses and the surrounding area.
Application and Documentation:
☐ Application includes a site plan (as required under Article 9).
☐ If applicable, application includes engineering or architectural drawings, specifications, impact statements, or operating
plans.
\square Check if the application and supporting documents are complete and properly executed.
☐ Verify if the Zoning Administrator has reviewed the application and marked it complete.
Impact Assessment and Compatibility:
\Box The application demonstrates the proposed use will not adversely affect public health and safety.
☐ The proposed use will not be detrimental to the use or development of adjacent properties or the general neighborhood.
\square Impact of traffic and the proposed special land use on the road network has been assessed.
\Box The location and design of the proposed special land use minimize negative impacts on traffic.
\Box The proposed special land use can be adequately served by essential public facilities and services.
☐ The proposed special land use meets the stated intent of the zoning districts and complies with all applicable ordinance
standards.
☐ The proposed special land use will not have an unacceptable significant adverse effect on the natural environment.
☐ The application complies with all applicable licensing ordinances.
Public Hearing and Decision-Making:
\square Confirm that a public hearing has been held in accordance with the Michigan Zoning Enabling Act.
☐ Approval or denial of the request is clearly recorded and justified based on the ordinance standards