

**CITY OF JONESVILLE  
PLANNING COMMISSION  
SPECIAL LAND USE/SITE PLAN REVIEW**  
265 E. Chicago Street  
Jonesville Michigan 49250  
Phone: 517-849-2104 Fax: 517-849-9037

**DATE:** \_\_\_\_\_

**Applicant:**

Name	Business Name		
Street Address	Email Address		
Cell Phone Number	Fax Phone Number	Phone Number	

**Zoning District:** \_\_\_\_\_

**Site Plan Review Fee:** \$100.00

**Special Land Use Fee:** \$500.00

**Proposed Use:**

It is hereby requested that the City of Jonesville Planning Commission approve the issuance of a Special Land Use Permit or Site Plan Review for:

\_\_\_\_\_

**Existing Use of Property:**

\_\_\_\_\_

**Proposed Location:** Address: \_\_\_\_\_

Property Tax ID#: \_\_\_\_\_

**Statement of Justification for Requested Action:**

State specifically the reason for this Special Land Use/Site Plan Review Permit request.

\_\_\_\_\_

**Dimensions of Land:**

**Width:** \_\_\_\_\_

**Length:** \_\_\_\_\_

**Acreage:** \_\_\_\_\_

**Frontage:** \_\_\_\_\_

**Existing Zoning Classification and Zoning of Adjacent Properties:**

\_\_\_\_\_

Please note that submitted site plans shall include all of the information required in Section 15.03(F) of the Zoning Ordinance.

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date:

<b>Official Use Only</b>	
Fee Paid	_____
Date Paid	_____
Receipt #	_____
Date of Hearing:	_____