

CRYSTAL FALLS TOWNSHIP
SITE PLAN REVIEW

Revised 1-1-25

Application Fee \$500

(applicant: person filing the appeal)

(address)

(city, state, zip code)

(____) ____ - ____ - ____
(____) ____ - ____ - ____
(telephone, home and business)

OFFICE USE ONLY

Case number _____

Date Rec'd _____

Fee Rec'd _____

Receipt # _____

Hearing date _____

Action: _____

Date: _____

Expiration Date: _____

PROPERTY OWNER'S NAME AND ADDRESS (if not the applicant):

Phone (____) ____ - ____ - ____

Applicant's standing (interest) in this request (check one):

*Property owner

*Contractor/Builder

*Authorized Agent/Other (attach written permission statement from Property Owner to complete this application)

SITE ADDRESS (if known): _____

PARCEL/TAX NUMBER 36 - 002 - ____ - ____ - ____

PARCEL SIZE: _____

ZONING DISTRICT (see zoning map): _____

PROPERTY DESCRIPTION: _____

ACTION REQUESTED: It is requested that the Crystal Falls Township Planning Commission approve a site plan for the property described above for the purpose of:

(attach additional sheet if necessary)

STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION: Indicate the specific reason(s) associated with this application:

(attach additional sheet if necessary)

THE APPLICANT SHALL REVIEW THE REQUIREMENTS OF CHAPTER 16 (SITE PLAN REVIEW) OF THE CURRENT CRYSTAL FALLS TOWNSHIP ZONING ORDINANCE & ATTACH THE APPROPRIATE SITE PLAN INFORMATION ASSOCIATED WITH THE PROJECT.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the Crystal Falls Township Zoning Ordinance will be complied with. Further, I agree to notify the zoning administrator of Crystal Falls Township for inspection before the start of construction and when locations of proposed uses are marked on the ground. **Further, I agree to give permission for officials of Crystal Falls Township, the County of Iron and the State of Michigan to enter the property subject to this permit application for purposes of inspection & assessment.** Finally, I understand this is a zoning permit application (not a permit) and that a zoning permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights.

Permit Applicant (Please Print):_____

Signature:_____

Date:_____

When completed send the respective information with \$500.00 Application Fee to:

Crystal Falls Township Zoning Administrator
1384 West US-2, PO Box 329
Crystal Falls, Michigan 49920

***Checks should be made payable to "Crystal Falls Township".**