



**City of Port Huron**  
**Planning Department**  
 100 McMorrان Blvd.  
 Port Huron, Michigan 48060  
 Phone: (810) 984-9735

# SPECIAL USE PERMIT APPLICATION

Special Use Permit (\$400.00)

Address/Location of Subject Property: \_\_\_\_\_

Parcel # of Subject Property: 74-06-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Current Zoning Designation: \_\_\_\_\_

**Applicant Information** (Must have a legal interest in the property):

- |                |  |                           |
|----------------|--|---------------------------|
| Property Owner | Purchaser - Option or Purchase Agreement | Purchaser - Land Contract |
| Tenant/Lessee  | Developer/Contractor                     | Engineer/Architect        |

Name: \_\_\_\_\_ Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (C): \_\_\_\_\_ Phone (H): \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY, complete the following:**

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (C): \_\_\_\_\_ Phone (H): \_\_\_\_\_

*The undersigned hereby affirms and acknowledges that he/she/they are the owner(s) of the property described in this application, are aware of the contents of the application, and hereby authorize the applicant to submit the application and represent the undersigned in the matter being reviewed by the City of Port Huron. Further, the undersigned hereby grants permission for members of the City of Port Huron Planning Commission/Zoning Board of Appeals/Staff to enter the property described in this application for the purpose of gathering information related to this application.*

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Received by (initials): \_\_\_\_\_ Date Stamp Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Meeting Date (if applicable): \_\_\_\_\_

Legal description of property (attach separate sheet if necessary): \_\_\_\_\_

Lot Size: Frontage: \_\_\_\_\_ ft. Depth: \_\_\_\_\_ ft. Area: \_\_\_\_\_ sq. ft. or acres

Current zoning district: \_\_\_\_\_

Purpose of request: Day-Care How many children? \_\_\_\_\_ State License No.: \_\_\_\_\_

Other (*describe*): \_\_\_\_\_

Existing use of property: \_\_\_\_\_

Number of existing buildings on property: \_\_\_\_\_

Use of existing buildings: \_\_\_\_\_

Is the property or buildings vacant? Yes No If so, indicate how long: \_\_\_\_\_

Number of existing parking spaces: \_\_\_\_\_ Is parking lot paved? Yes No

If new buildings are to be constructed, please describe the nature of the construction, including the square footage of each structure and the number of parking spaces provided: \_\_\_\_\_

Proposed use of property and buildings: \_\_\_\_\_

**Survey of Existing Conditions:** Please attach a boundary survey (certified by a licensed surveyor) of the property. Survey must be dimensioned and show existing structures, streets, drives, and parking areas. Indicate on the survey which structures, if any, are to be demolished.

**Site Plan of Proposed Use or New Construction:** Please attach a site plan of the proposed development, drawn to scale by an engineer or architect, which includes dimensions and the location of all property lines, streets, and parking areas. (Depending on the zone, a more detailed site plan and site plan approval may be required later).

**NOTE:** All drawings and surveys are to be submitted on an 11" x 17" sheet of paper. A 24" x 36" drawing may be submitted, provided the smaller drawing is also provided. A PDF file to scale is also required.