

**OFFICIAL USE ONLY**

SLUP/SITE PLAN #: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PARCEL NUMBER(S) \_\_\_\_\_

FEE PAID: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

**WILLIAMSTOWN TOWNSHIP  
APPLICATION FOR EXTENSION OF SPECIAL LAND USE AND/OR SITE PLAN REVIEW  
PURSUANT TO SECTION 29.03- SPECIAL LAND USES AND  
SECTION 29.02-SITE PLAN REVIEW**

NOTICE TO APPLICANT: Applications for review of an EXTENSION of a SPECIAL LAND USE PERMIT and/or SITE PLAN REVIEW by the Planning Commission and Township Board must be submitted by noon no later than 14 days prior to the Planning Commission meeting at which the proposal will be considered. This application must be accompanied by the required review fee. Regular meetings of the Planning Commission are held on the third Wednesday of each odd numbered month, at 7:30 p.m., unless otherwise stated and posted, and regular meetings of the Township Board are held on the second Wednesday of the month, at 7:00 p.m., unless otherwise stated and posted. All meetings are held at the Williamstown Township Hall, 4990 North Zimmer Road, Williamston, MI 48895. The applicant is strongly encouraged to make initial contact with the Township Planning Coordinator at (517)655-3193 before completing this application and compiling required supporting documentation. An application may be retired from the Planning Commission agenda, after notification of the applicant, if it has not appeared on at least one of three consecutive Planning Commission agendas.

If construction has not commenced within 12 months of final approval, or if construction has not been completed within 12 months after it was commenced, the approval becomes null and void and a new application for special land use approval and/or site plan shall be required. Upon written request from the applicant prior to expiration of the previous approval, a 12 month extension may be granted by the Township Board, if it finds th at the approved special land use application and/or site plan adequately represent current conditions on and surrounding the site and provided the site plan conforms to current Zoning Ordinance standards.

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request a Special Land Use and Site Plan Review and provide the following information to assist the review.

**NAME OF APPLICANT** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**INTEREST IN PROPERTY (if not owner)** \_\_\_\_\_

**PROPERTY OWNERS (if different than applicant):**

**NAME(S)** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**LOCATION OF PROPERTY:**

**STREET ADDRESS** \_\_\_\_\_

**SIDWELL (PROPERTY ID) NO.** \_\_\_\_\_

parcel”), provide metes and bounds description. Attach separate sheets if necessary.

**Application for Extension of Special Land Use and/or Site Plan Review**

**INITIAL APPROVAL DATE:** \_\_\_\_\_

**REASON FOR REQUESTED EXTENSION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**

The applicant or a designated representative must be present at all scheduled review meetings or review will be tabled due to a lack of representation. Fee requirements should be verified before proceeding with the review.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPROVAL OF A SITE PLAN OR TO REVOKE ANY PERMITS GRANTED SUBSEQUENT TO SITE PLAN APPROVAL.

**APPLICANT’S ENDORSEMENT:**

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Planning Commission and Township Board will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

\_\_\_\_\_  
**Signature of applicant(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of owner(s)**

\_\_\_\_\_  
**Date**

IF JOINTLY OWNED, SIGNATURES OF ALL OWNERS (HUSBAND, WIFE, ETC.) ARE REQUIRED.

PLANNING COMMISSION RECOMMENDATION _____	DATE _____
TOWNSHIP BOARD ACTION _____	DATE _____
APPLICANT NOTIFIED OF DECISION _____	DATE _____
AUTHORIZED SIGNATURE _____	DATE _____