Village of Vicksburg
The Village with a Vision

126 N Kalamazoo Ave
Vicksburg, MI 49097
269-649-1919 ph
269-649-3997 fax
www.vicksburgmi.org

Special Land Use Permit Application
A Detailed Site Plan is required for all Special Land Uses

Submission of Application:

Applications must be submitted 21 days prior to the meeting to review for completeness. Applications shall be submitted through the Village Office for the Planning Commission. Each application shall be accompanied by a payment fee of $500.00 and any escrow payments as required by Chapter 475-112 and in accordance with the schedule of fees adopted by Village Council. A Special Use application shall be placed on the agenda of the Planning Commission by Village Staff within thirty (30) days of the submission of a complete application prepared in accordance with this Zoning Ordinance. An application, which is incomplete or otherwise not in compliance with this Ordinance, shall be returned to the applicant. No application shall be processed until properly prepared and submitted and all required fees and escrow payments paid in full.

Address:_____ Parcel Number:_____

Applicant Information:

Name of Owner or Lessee:_____

Address:_____

Phone Number:_____ Email:_____

Name of Agent (If Applicable):_____

Address:_____

Phone Number:_____ Email:_____

Data Required/ Project Information:

Land Area:_____ Zoning Classification:_____

Present/Proposed Land Use:_____

Attach a Detailed Narrative of the Following

- A letter or signed narrative describing in detail the proposed special land use and why the location selected is appropriate.
- Applicants Statement of the expected effect of the special land use on emergency services, schools, storm water systems, sanitary sewer facilities, traffic patterns and volumes.
- 10 full size copies of the site plan
- Environmental Checklist
- Stormwater Management Plan and Calculations
- Stormwater BMP O&M Agreement

Office Use Only

Received By:_____ Fee: $500.00 _____ Date Received:_____

Hearing Date:_____ Approved/Denied:_____