



## APPLICATION FOR SPECIAL USE

An application for a special use must be heard before the Ada Township Planning Commission. **Regular meetings of the Planning Commission are held on the third Thursday of each month at 5:30 p.m. at Ada Township Hall.** After receipt of the application and payment of the fee, your request will be placed on the next Planning Commission meeting agenda for the purpose of scheduling a public hearing. The hearing will be scheduled for the next month's Planning Commission meeting for consideration, with all legal notifications being met.

**A non-refundable filing fee made payable to Ada Township must accompany this application:**

**For a residential accessory building or Type II home occupation permit: \$250.00**

**For all others, including commercial/industrial uses and non-residential uses in residential districts: \$300.00**

**For subdivision plat, except PUD: \$250.00**

**Please note that a \$1,000 escrow deposit may be required, at the discretion of the Township.**

### **Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner Name and Address (if different than above):** \_\_\_\_\_

### **Property Information:**

Property Address: \_\_\_\_\_

Parcel Number: 41-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Zone District Classification: \_\_\_\_\_

Proposed Use and/or Changes to the Property: \_\_\_\_\_

\_\_\_\_\_

**In support of this application, the following items are required:**

\_\_\_\_\_ (a) A complete to-scale site plan that complies with Sec. 78-492 (2)(b) and Sec. 78-524 of the Zoning Ordinance.

\_\_\_\_\_ (b) A written statement addressing the extent to which the proposed use complies with the standards set forth in Sec. 78-493 of the Zoning Ordinance.

I (we), the undersigned, do hereby make application to the Ada Township Planning Commission for a Special Land Use and also hereby grant permission to Ada Township and its officials and staff to enter upon the subject property for purposes of review and evaluation of this request.

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If different than above)

**TO BE COMPLETED BY ADA TOWNSHIP**

Application Received: \_\_\_\_\_ Initial: \_\_\_\_\_  
mm / dd / yy

App. Fee of \$ \_\_\_\_\_ Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_  
mm / dd / yy

Escrow Deposit of \$ \_\_\_\_\_ Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Check # \_\_\_\_\_  
mm / dd / yy

Updated 08/14/2023