

APRIL 21, 2021

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PLEDGE OF ALLEGIANCE**
- 4. APPROVAL OF AGENDA**
- 5. PUBLIC COMMENTS – 3 MINUTES**
- 6. APPROVAL OF MINUTES OF JANUARY 13, 2021**
- 7. PUBLIC HEARING - NONE**
- 8. OLD BUSINESS**
- 9. NEW BUSINESS**
 - a. Consideration of 2021-S-01-SLU**
 - b. Consideration of 2021-S-02-SLU**
 - c. Review of Master Plan**
- 10. PUBLIC COMMENTS**
- 11. COMMISSIONERS COMMENTS**
- 12. ADJOURNMENT**

**CONSIDERATION OF
2021-S-01-SLU**

Charter Township of AuSable

4420 N. US 23
AuSable, Michigan 48750

C-11

Telephone: (989) 739-9169 / Fax: (989) 739-0696
E-mail: hall@ausabletownship.net Website: www.ausabletownship.net

ZONING PERMIT APPLICATION – COMMERCIAL/INDUSTRIAL SITE PLANS Use Permitted by Right or Special Land Uses

PLANNING COMMISSION APPROVAL

Commercial applications require Planning Commission review and approval. The attached application and site plan shall be used for all Zoning Permit Applications. Applications must be received 19 days prior to the Planning Commission meeting, which is typically held on the fourth Wednesday of the month. The Zoning Ordinance is available on the Township's website www.ausabletownship.net. Permit is valid for one year

Fee Paid \$100.00 (check)

Special Planning Commission Meeting \$425.00 (check)

Owner and Address of Property:

Joe and Cathy Maxwell
2099 N. US 23
Charter Township of AuSable
Mi.

Phone Number of Owner:

Residence: _____

Work place: _____

Cell: 989-305-1180

Owner Mailing Address:
(If different)

123 So. State
Oscoda Mi 48750

Name and Address of Applicant:
(If different than owner)

Telephone: _____

FOR TOWNSHIP USE ONLY

Permit Number: 2021-S-01-SLU

Date: _____ Comments: _____

Date Received: 4-6-21

Complete Application Received (date): _____

Tax Parcel Number: 021-A40-000-020-00

Zoned: C-2

Fee Received: 100.00

Fee Receipt Number: _____

Planning Commission (date): 4-21-21

Action taken on _____ (date):

(Circle below as appropriate)

Approved
Site Plan

Approved
Site Plan with Conditions

Denied
Site Plan

Zoning Administrator

Date

ZONING PERMIT APPLICATION COMMERCIAL/INDUSTRIAL SITE PLANS

Planning Commission Approval

PART 1: ACTION REQUESTED

A. Purpose: (check as many as applicable)

demolition

alteration/repair of existing structure

establishing new use of existing land and/or existing structures

other (please specify): _____

B. Buildings: principal building(s) (insert number)

Accessory building(s) (insert number)

C. Description: Please provide a description of the proposed actions being applied for, including any proposed uses of land and/or proposed uses of existing buildings:

special use permit authorization for
indoor kuri storage units

PART 4: AFFIDAVIT

I (we) the undersigned affirm that the foregoing answers, statements, and information are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the approval applied for, if granted is issued on the representations made herein and that any permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance.

[Signature] 3-30-24

[Signature] 3/30/2024
Applicant signature(s) Date

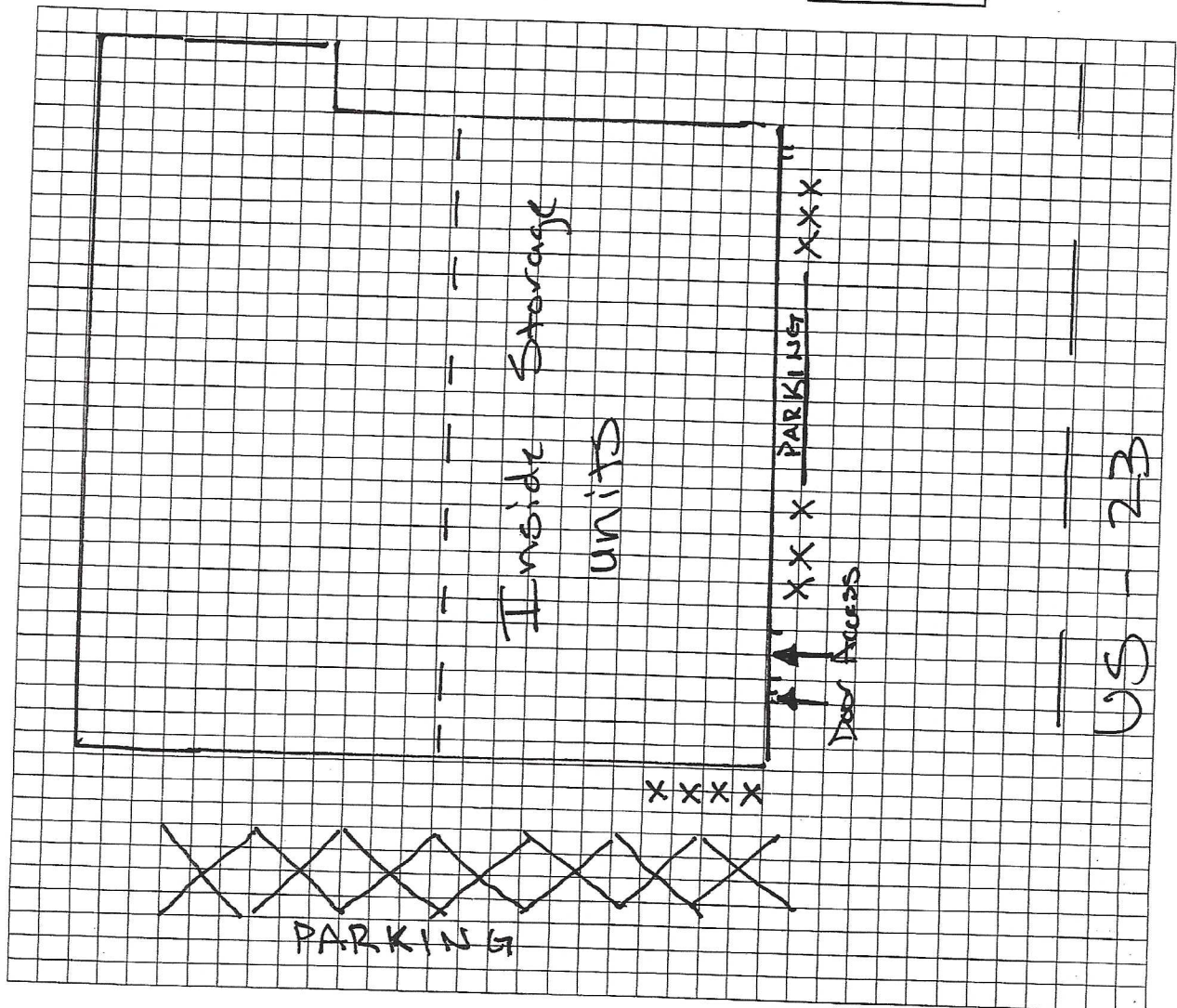
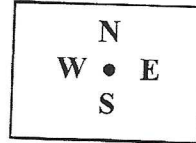
Property Owner's signature(s) Date
(if different than applicant)

COMMERCIAL OR INDUSTRIAL PLOT PLAN DRAWING

Drawing must include:

An accurate, readable, **scaled drawing** is required showing the following:

- The shape, area and dimension of the property
- The location and dimensions of all existing and/or proposed structures to be erected, altered or moved on property
- Set backs of all existing and/or proposed structures from all lot lines and dimensions from each other
- Location of any septic system, drain field and well
- Configuration of the driveway and parking, if applicable
- Abutting roads noted
- Attach drawings if applicable



APPLICANT CERTIFICATION

"I certify the above drawing prepared above accurately reflects the subject property as surveyed including the height, size, and setback locations of proposed signs."

[Signature]
Signature (Applicant)

3-20-21
Date

**CONSIDERATION OF
2021-S-02-SLU**

Charter Township of AuSable

C-11

4420 N. US 23
AuSable, Michigan 48750

Telephone: (989) 739-9169 / Fax: (989) 739-0696
E-mail: hall@ausabletownship.net Website: www.ausabletownship.net

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Fee Paid \$100.00 (check)

Special Planning Commission Meeting \$425.00 (check)

Owner and Address of Property:

Phone Number of Owner:

TRAVIS BOYK
5290 CHEVYLN
BLACK RIVER MI 48721

Residence: _____

Work place: _____

Cell: 720 - 315 - 8030

Owner Mailing Address:
(If different)

Name and Address of Applicant:
(If different than owner)

PO BOX
711 LAKE

GREG MILLER
705 HARBOUR ST
AUSABLE MI 48750

Telephone: 248 310 - 9330

FOR TOWNSHIP USE ONLY

Permit Number: 2021-S-02-SLW Date: _____ Comments: _____

Date Received: 4-6-21 _____

Complete Application Received (date): _____

Tax Parcel Number: 621-V10-001-001-00 _____

Zoned: C-3 _____

Fee Received: 100.00 _____

Fee Receipt Number: _____

Planning Commission (date): 4-21-21 _____

Action taken on : _____ (date): _____

(Circle below as appropriate)

Approved
Site Plan

Approved
Site Plan with Conditions

Denied
Site Plan

Zoning Administrator

Date

ZONING PERMIT APPLICATION COMMERCIAL/INDUSTRIAL SITE PLANS

Planning Commission Approval

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_____ demolition _____ alteration/repair of existing structure

_____ establishing new use of existing land
and/or existing structures

_____ other (please specify): _____

B. Buildings: _____ principal building(s) (insert number)
_____ Accessory building(s) (insert number)

C. Description: Please provide a description of the proposed actions being applied for, including any proposed uses of land and/or proposed uses of existing buildings:

LANDSCAPE Supply. Hard Scapes Supply
Mulch, Stone, Benches etc
Pull through fence up

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I (we) the undersigned affirm that the foregoing answers, statements, and information are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that the approval applied for, if granted is issued on the representations made herein and that any permit subsequently issued may be revoked because of any breach of representations or conditions, or because of the lack of continued conformance with zoning ordinance.

Applicant signature(s) Date

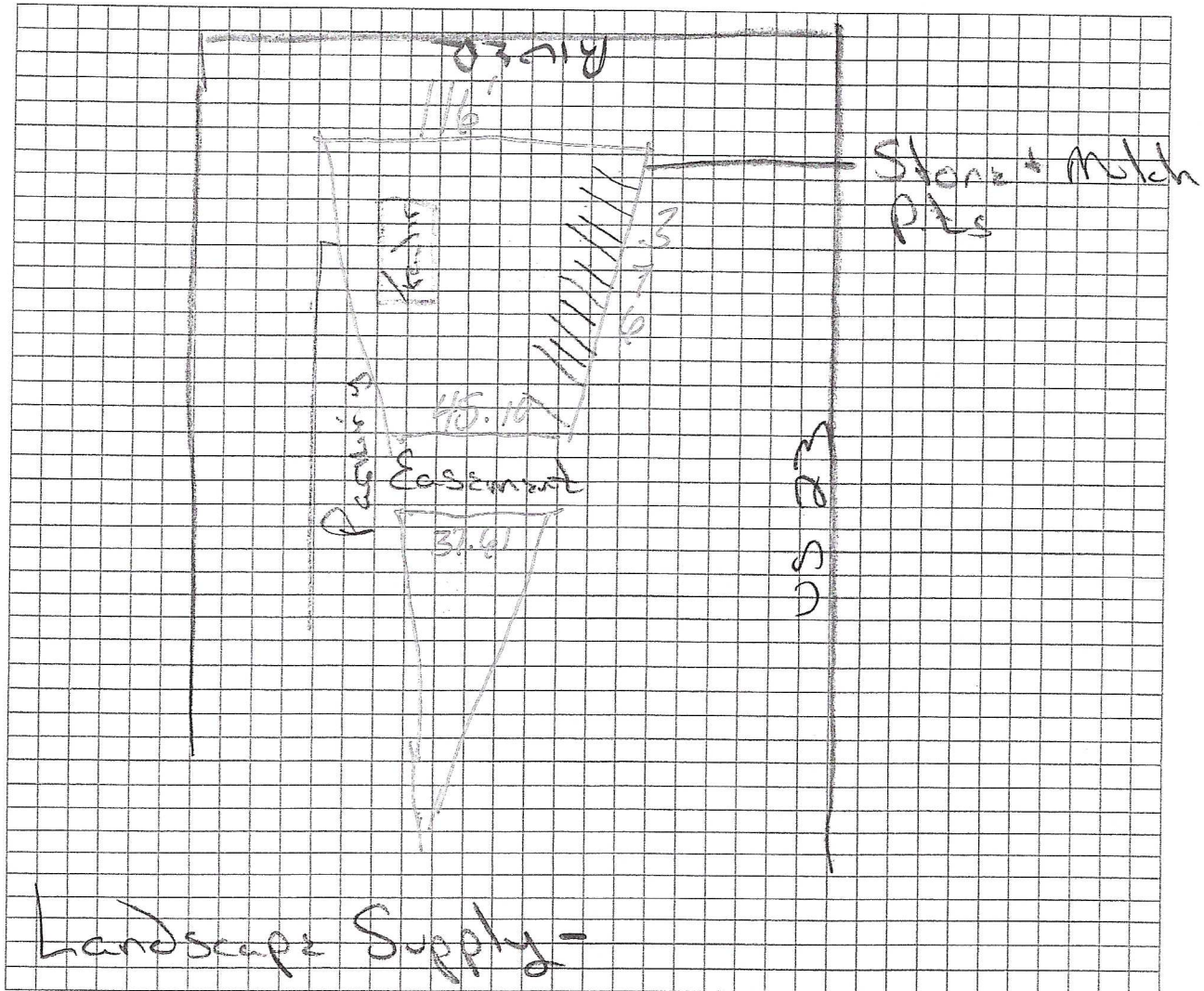
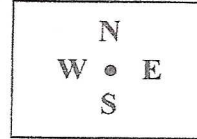
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- Attach drawings if applicable



APPLICANT CERTIFICATION

"I certify the above drawing prepared above accurately reflects the subject property as surveyed including the height, size, and setback locations of proposed signs."

Signature (Applicant)

Date 4/5/21