## VIENNA TOWNSHIP SITE PLAN REVIEW APPLICATION



I. PROPERTY INFORMATION		
Address or Parcel Number:	R Lot Size: S Curre	Current Use:  ONE FAMILY DETACKED DWELLA
Legal Description:	Description of Proposed Site Use:	
	MUSIC VENUE	WCAMPING
II. APPLICANT INFORMATION		
Name: JENNY DYPN Phone: 734-735-19	81 Email Address:	1 COM
ess:	0/2/2/2/0	
CARUSLE RO	HEW BOSTON	MS/8 41848 48/84
III. PROPERTY OWNER INFORMATION (if different from applicant)		
Owner Name: Owner Phone: SID-599-3	Email Address:	1. COM
4(3) West Dodge Road	City: State:	Chican Zipi 8420
I hereby affirm that the information provided for this site plan review is accurate to the best of my knowledge. I understand that all site plan approvals are contingent upon all Genesee County Drain Commission, Road Commission, Water & Waste, Health Department, MDOT, EGLE or any other necessary agency approvals being obtained.	the best of my knowledge. I understand that all site MDOT, EGLE or any other necessary agency approval	plan approvals are contingent upon all Genesee Is being obtained.
OPTIONAL: By checking this box and signing below, I hereby grant permission for Vienna Township Officials and/or PI inspection related to this application. (Failure to grant permission will not affect any decision on your application)	d/or Pl	anning Commission Members to enter my property for on-site
Applicant Signature De March Date	Applicant Name Printed	Escrow Account Fee = \$5,000 This amount will be used towards any
Pont 4 1000 124	Robert Denssen	meeting and site plan fees
Owner Signature Date	Owner Name Printed	required for <b>all</b> new commercial and some residential projects)
Office Use Only: Fees Paid: V N Date Paid: 6/17/24	Site Plan Review Date: 2 <sup>nd</sup> Pla	2 <sup>nd</sup> Plan Review Date (If Necessary):
Decision: ☐ Approved ☐ Denied Conditions:		
		2
Vienna Township Planning Commission Signature Date	Vienna Township Planning Commission Name Printed	ne Printed

## \*\*\*PLEASE FILL OUT CHECKLIST ON NEXT PAGE\*\*\*



## VIENNA TOWNSHIP SPECIAL LAND USE APPLICATION

I. PROPERTY INFORMATION		
Address or Parcel Number: 421 (1), 00000 Rd		
Legal Description:		
. =		
Current Zoning: Lot Size:	Current Use: //n/c / //// // // // Constant Use:	
Description of Proposed Special Land Use:	Muse wy woody yrg	
	n er er	
MUSIC VENUE W/ CAMPING		
II. APPLICANT INFORMATION		
Name: Jerry Duer	Phone: 734-735-198/	
Mailing Address: 39230 CAPLIBLE ROAD NEW BOSTON	State: Zip: 1100/11/16	
Email Address:	M1 40167	
Entail Address.		
III. PROPERTY OWNER INFORMATION		
Owner Name:	Owner Phone: 517 - 599 - 3352	
Owner Address: City:	State: Zip:	
4121 West Dage RD, CLIO	M1 48420	
I hereby affirm that the information provided for this site plan review is accura	te to the best of my knowledge.	
Joryal Milsol ob/17/	24 Truny Duen	
Applicant Signature Date	Applicant Name Printed	
ODTIONAL, Dy signing helesy I hereby great neuroission for Vienne Township Of	# E	
OPTIONAL: By signing below, I hereby grant permission for Vienna Township Of property for on-site inspection related to this application. (Failure to grant perm	fficials and/or Planning Commission Members to enter my mission will not affect any decision on your application)	
4	$\frac{6/20/24}{}$	
Owner Signature		
Owner signature	Date	
Submission Requirements:		
Completed application and fee		
Plot Plan or Site Plan (Stamped/Sealed Site Plan required for		
<ul> <li>Letter describing need for special land use and details about</li> </ul>	the use	
Any additional supporting documentation		
Please note a public hearing is required. A 15 day publication period	l is required. A public hearing notice will be	
published in the local newspaper and sent to all residents/property o	owners within 300 feet. For new commercial builds.	
a site plan review is also required and will require additional review t	time and fees. See site plan application for	
submission details. A site plan may be considered at the same meeti	ing as special land use.	
Office Use Only: Fees Paid: Y N Public Hearing Date: 4 17 24	and Macabine Deba	
Table flearing bate.	2 <sup>nd</sup> Meeting Date: (If Necessary)	
Decision: ☐ Approved ☐ Denied Conditions:	(II Necessary)	
	±.	
Vienna Township Planning Com. Signature Date	TO THE PERSON OF	
Vienna Township Planning Com. Signature Date	Vienna Township Planning Com. Name Printed	