

## CITY OF SOUTHFIELD SPECIAL USE APPLICATION

<p style="text-align: center;"><b>City of Southfield Planning Department</b>  <b>26000 Evergreen Road</b>  <b>Southfield, MI 48076</b></p> <p>Telephone: 248-796-4150                  Fax : 248-796-4105                  E-mail: <a href="mailto:contactplanning@cityofsouthfield.com">contactplanning@cityofsouthfield.com</a></p>	<b>Date Submitted:</b>	
	<b>Reference Number:</b>	
	<b>Sidwell Number:</b>	
	<b>Associated Site Plan File Number (if applicable):</b>	

**NOTICE TO THE APPLICANT:** *Petitions must be filed with the Planning Office **by 12:00 noon 40 calendar days prior** to being placed on the Planning Commission agenda.*

I (We) the undersigned do hereby make application to the Planning Department of the City of Southfield to develop the property herein described.

1. Name of the Proposed Development: \_\_\_\_\_
2. Description of the Subject Property: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Nearest Cross Streets: \_\_\_\_\_  
 Acreage: \_\_\_\_\_
3. Gross Building Area (G.B.A.) this project: \_\_\_\_\_ Total G.B.A on site \_\_\_\_\_
4. Zoning classification of the subject property: \_\_\_\_\_.
5. Description of proposed use/scope of work (please list all proposed changes to the property):  
 \_\_\_\_\_  
 \_\_\_\_\_.
6. Value of development: \$ \_\_\_\_\_ ; New FTE Jobs \_\_\_\_\_

7. APPLICANT INFORMATION	8. PROPERTY OWNER INFORMATION
Company _____	Company _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email _____	Email _____
Phone _____	Phone _____

9. Applicant's interest in the property (if other than owner) \_\_\_\_\_
10. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_
11. Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Forms:**

- Site Plan Application Packet
- Medical Marihuana Submittal Checklist
- Daycare Submittal Checklist
- Public Art Information Handout