

**KASSON TOWNSHIP
PLANNING/ZONING APPLICATION**

- CONCEPTUAL DEVELOPMENT PLAN REVIEW (PLANNED DEVELOPMENT)
- DEVELOPMENT SITE PLAN REVIEW
- SPECIAL USE PERMIT - EARTH REMOVAL, QUARRYING, GRAVEL PROCESSING, MINING OP'S
- SPECIAL USE PERMIT - ALL OTHERS
- SPECIAL USE PERMIT RENEWAL
- REZONING PETITION
- ZONING BOARD OF APPEALS PETITION

In addition to this application form, you must submit one or more addenda, corresponding to the box(es) you checked above.

APPLICANT INFORMATION:

Name(s) James Schettler Phone 231-218-7762
Street 244 W Kasson Ctr
City Maple City State Mi Zip 49664
Relationship of Applicant to Owner (If different) _____

OWNER INFORMATION (IF DIFFERENT FROM APPLICANT):

Name(s) Bill Karben Phone 231-218-6100
Street 1175 E Kasson Rd
City Maple City State Mi Zip 49664

OTHER CONTACT INFORMATION (IF NECESSARY):

Name(s) Fran Seymour Phone 231-633-1648
Street 11145 Hastings St
City Traverse City State Mi Zip 49686

PROPERTY INFORMATION:

Address or Description Multiple parcels at corner of E Kasson Rd & S Bright
Tax Parcel Number See below (Also attach full legal description. A copy of the deed or land contract is acceptable)

Current Zoning: Ag Forest Commercial Gravel HD Village PD SPD
Proposed Zoning: Ag Forest Commercial Gravel HD Village PD SPD

007-024-001-10
007-024-005-00
007-024-004-30
007-024-004-20
007-024-004-00

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ACKNOWLEDGEMENT AND CERTIFICATION:

It is hereby acknowledged by the undersigned, that all information provided on this application, any addendum, and other supporting documentation is true and correct to the best of my(our) knowledge. In the case of a Zoning Board of Appeals Petition, it is further acknowledged that any approval of the ZBA involving site improvement, use, and/or construction does not relieve the applicant from obtaining other applicable authorizations and permits

SIGNATURES:

Applicant(s) or James R. Scholt Date 2/18/23
Authorized _____
Corporate Officer(s)

Owner(s) or _____ Date _____
Authorized _____
Corporate Officer(s)

REMINDER: SUBMIT THIS APPLICATION, THE APPROPRIATE ADDENDUM, THE REQUIRED FEE, ALL ATTACHMENTS AND DRAWINGS TO EITHER THE KASSON TOWNSHIP ZONING ADMINISTRATOR OR KASSON TOWNSHIP CLERK (SEE YOUR PARTICULAR ADDENDUM).

ZONING ADMINISTRATOR AND CLERK USE ONLY

Application ID _____
Date and Time of Application Receipt _____ Received By _____
Date Fee Received _____ Amount Received _____
Date of Letter of Credit Received _____ Letter of Credit Amt _____
Date of Letter of Credit Expiration _____