



CITY OF ST. JOSEPH  
PLANNING & ZONING DEPARTMENT  
700 Broad Street  
St. Joseph, MI 49085  
Phone (269)983-1212  
Fax (269) 985-0347  
www.sjcity.com

**Conditional Use Permit**  
**Process, Instructions and Application\***

Contact City Staff to discuss request



Make Application - must be complete and fees paid



If request complies with all requirements, City staff approves the request



Permit issued

\*See attached detailed directions for all steps involved.



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## Conditional Use Permit

### Process, Instructions and Application

1. **Contact Community Development Director (staff) regarding proposed request.** Staff will review zoning ordinance regulations and determine which process is appropriate for your proposed request. Application forms will be distributed and staff will determine if a pre-submittal meeting is necessary. You may be required to complete the Site Plan Application or include the layout of your building space.
2. **Pre-submittal Meeting with staff.** This meeting typically includes the City Engineer, Director of Public Works, Director of Public Safety (Police/Fire), Building Official and the Community Development Director and allows for discussion of the proposed project prior to the finalization of any drawings and submittal.
  - a. This meeting is scheduled by staff on an as needed basis. Please provide several dates and times your development team is available to meet. Meetings are typically scheduled one (1) to two (2) weeks out depending on staff availability.
  - b. Prior to the meeting being scheduled, the applicant will need to provide a detailed plan and description of the proposed request. This site plan must be drawn to a legible scale and include existing and proposed changes. It can consist of more than one page if necessary.
  - c. The applicant should include their development team (i.e., land surveyor, engineer, or attorney) at the pre-submittal meeting.
3. **Submission of Application.** Complete applications may be submitted at any time.
  - a. It is suggested that you make an appointment with staff to submit the application.
  - b. All required applications, supplemental information and fees must be submitted at one time.
4. **Acceptance of Application and Staff Review.** Staff reviews the application and supplemental information for completeness and forwards the accepted application packet to the City Engineer, Director of Public Works, Director of Public Safety (Police/Fire) and Building Official for their review and comment.
5. **Request for Additional Information.** Based on comments received from the City departments, the applicant may need to provide additional information or drawings.
6. **Staff Approval.** If the request meets the requirements of the applicable zoning district and complies with all other local and state regulations, staff will approve the request. In some cases, conditions may be placed on the approval.



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## CONDITIONAL USE APPLICATION

Please print legibly. All portions must be completed. Do not leave any section blank, use N/A. Incomplete forms will be returned. If additional space is needed, please use additional sheets of paper.

### Property Information

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

New Business Name: \_\_\_\_\_

Property Code Number(s) (Tax Number): 11-76-\_\_\_\_\_

Briefly Explain Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Applicant Information

In case of trust, provide the name, address and telephone numbers of all trustees and beneficiaries of the trust. An LLC or corporation must provide a copy of Articles of Incorporation. In case the applicant is not the property owner, written permission from the property owner is required.

**Name of Applicant:** \_\_\_\_\_

Relationship to Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Land Surveyor and/or Engineer:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Site Information**

General description or characteristics of the site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Master Plan Designation: \_\_\_\_\_

Existing Zoning and Land Use: \_\_\_\_\_

Proposed Future Land Use: \_\_\_\_\_

Existing land use and zoning of adjacent parcels:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Is the property located in any of the following overlay districts found in the Zoning Ordinance?

Downtown Height Overlay District (Section 9.4)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Lake Bluff Scenic View Protection Overlay District (Section 9.5)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Floodplain Overlay District (Section 9.6)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Edgewater Beach Overlay District (Section 9.7)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Main Street Corridor Overlay District (Section 9.8)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you proposing any changes to the building or property as part of this use? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Specific Standards for Individual Uses**

The conditional uses listed below are required to answer additional specific Standards for a Conditional Use Permit. Please view the applicable section of the Zoning Ordinance and on a separate piece of paper respond to each required Standard. You may also be required to complete a site plan or building layout drawing.

- Building Service Establishments (Section 11.12.1)
- Community Residential Care Facilities – more than six (6) persons R2 and R3 Districts (Section 11.12.2.A)
- Community Residential Care Facilities – D District (Section 11.12.2.B)
- Educational Institutions – in the R1, R2 and R3 Districts (Section 11.12.6)
- Facilities for the Dead (Section 11.12.7)
- Home Occupations – See separate application
- Institutions for Human Care and Habitation (Section 11.12.9)
- Limited Neighborhood Business (Section 11.12.10.A)
- Lodging/Accommodations – Short Term Rental R3 District (Section 11.12.11.C)
- Lodging/Accommodations – Short Term Rental W District (Section 11.12.11.D)
- Medical Service Establishments, Small (Section 11.12.12)
- Multiple Family Dwellings – C and D Districts (Section 11.12.14.A or B)
- Parking Facilities (Section 11.12.15)
- Religious Institutions (Section 11.12.17)
- Repair Services, Medium (Section 11.12.18)
- Research, Development and Scientific Establishments in D District (Section 11.12.19)
- Sexually Oriented Businesses (Section 11.12.20)
- Single-Family Dwelling – C and D Districts (Section 11.12.21.A or B)
- Social Institutions – CO and D Districts (Section 11.12.22)
- Two-Family Dwelling – C and D Districts (Section 11.12.23.A or B)
- Vehicle Sales and Service Establishments (Section 11.12.26)

Based on your proposed use, which of the categories above does your Conditional Use Permit fall into:

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Explain how your business falls into the category: \_\_\_\_\_

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To operate your business are you required to have a license from the State of Michigan?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, provide license type, number and attach a copy of your current license: \_\_\_\_\_

**CONDITIONAL USE APPLICATION  
CERTIFICATION**

The Applicant certifies and acknowledges and agrees that:

- A. The statements contained in this application are true and correct to the best of the Applicant's knowledge and belief. The owner of the subject property, if different from the applicant, states that they consent to the filing of the application and that all information contained is true and correct to the best of their knowledge;
- B. The Applicant understands that an incomplete or nonconforming application will not be considered. In addition, the Applicant understands that the City may require additional information prior to the consideration of this application;
- C. The Applicant shall make the property that is subject of this application available for inspection by the City at reasonable times;
- D. If any information provided in this application changes or becomes incomplete or inapplicable for any reason following submission of this application, the Applicant shall submit a supplemental application or other acceptable written statement containing the new or corrected information as soon as practicable but not less than five (5) days following the change, and failure to do so shall be grounds for denial of the application;
- E. The Applicant understands that if the application is approved with conditions, those conditions will need to be met as part of any permit issued; and
- F. The Applicant understands that they are responsible for all application fees. Fees are non-refundable and there is no guarantee the application will be approved or permits issued. There should be no outstanding monies owed to the City (i.e., water bill or taxes).

On the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, I/We have read the above certification, understand it, and agree to abide by its conditions.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Name of Applicant or Authorized Agent

SUBSCRIBED AND SWORN

To before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**OFFICIAL CITY USE:**  
Completed:

Date Received: \_\_\_\_\_

Fee: \_\_\_\_\_

**CONDITIONAL USE APPLICATION  
OWNER'S CONSENT FORM**

I/We, the Owner(s) of the property listed below, hereby grant permission for the Applicant,

\_\_\_\_\_  
(Company name and contact person) to seek \_\_\_\_\_  
(state request that can be made) as required by the City of St. Joseph, Michigan for the property  
commonly known as \_\_\_\_\_ (street address)  
and having the Property Code Number (Tax Number) of 11-76-\_\_\_\_\_.

On the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, I/We have read the above certification,  
understand it, and agree to abide by its conditions.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Name of Property Owner

**SUBSCRIBED AND SWORN**

To before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public