

BEDFORD TOWNSHIP PLANNING COMMISSION

APPLICATION FOR SPECIAL APPROVAL

1. _____

Owner Name	Phone Number	Fax Number
Address	City / State / Zip	
Parcel Number	Property Zoning	Number of Acres

Fee Submitted: Yes No Amount \$ _____ (Fee \$ _____ Escrow \$ _____)

2. Proposed Use: _____
 (Plot Plan or Engineered Site Plan should accompany this application, as required by the Zoning Ordinance.) Plan Submitted: Yes No

3. I, _____ (owner of property), hereby grant permission for members of the Bedford Township Planning Commission Planning Department staff and consultants to enter the above-described property for the purpose of gathering information related to this application. (Note to applicant: Failure to grant permission to enter this property will not affect any decision regarding your application.)

Signature	Typed Name	Date
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4. **PLEASE READ BEFORE SIGNING THIS APPLICATION**

The Planning Commission may request that the applicant provide additional information to assist them in their decision-making. You may include any information that you believe will be of assistance in reaching a decision, however, any decision reached will be based on the Zoning Ordinance requirements for the request and the appropriateness of the proposed request as it relates to the surrounding zoning and uses. Should the Special Approval be granted, the Special Approval shall only apply to the use requested and approved, and the approval shall expire and become null and void without further notice or action by the Planning Commission in any case where the special approval use has not been established within six (6) months after the Planning Commission's grant of approval thereof or where the special approval use is discontinued or ceases to exist for six (6) consecutive months or for 18 months during any three year period; and which may be revoked by the Planning Commission after it finds that any of the requirements of the Zoning Ordinance or conditions of approval are not being maintained. In the event your escrow account for this project is found to be insufficient, your signature below indicates that you agree to remit additional funds to rectify the account. Your signature below also indicates that you have read and understand the accompanying literature "Bedford Township Special Approval Procedures" and the fee schedule.

Signature	Typed Name	Date
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Application Accepted By: _____ Yes

Planning Department Rep	Date	Copy Given to Applicant	Applicant or Representative Initials
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