

# TOWNSHIP OF SALINE

COUNTY OF WASHTENAW

SALINE, MICHIGAN 48176

*JAMES C. MARION \* SUPERVISOR  
KELLY L. MARION \* CLERK  
RENEE L. LUCKHARDT\* TREASURER*

*TOM P. HAMMOND \* TRUSTEE  
ROBERT J. MARION \* TRUSTEE*

Dear Applicant

Enclosed is the Application for Special Use Permit that you requested.

Also enclosed are excerpts from the Zoning Ordinance that details information required in Section 8 of the application.

The Application fee is \$500 and eight (8) copies of the completed application and site drawings should be returned to me at the address below. Make check payable to the Saline Township Treasurer. The application must be received 21 days prior to scheduled meetings of the Saline Township Planning Commission. The scheduled meetings are held at 7:30 p.m. on the **first Tuesday** of every other month. Applications not received 21 days prior will be addressed the following meeting.

If you have questions about the information required, contact Robert J. Marion at (734) 429-4869, who is the Saline Township Zoning Administrator.

Sincerely,

Saline Township Board  
Kelly Marion  
4254 Arkona Road  
Saline, MI 48176  
(734)429-9968