

# MINERAL EXTRACTION PERMIT APPLICATION



## CHOCOLAY TOWNSHIP

5010 US-41 South  
Marquette, MI 49855  
Phone: 906-249-1448 Fax: 906-249-1313  
chocolay.gov

APPLICATION NUMBER

MP-\_\_\_\_-\_\_\_\_

### PROPERTY AUTHORIZATION

Date of application \_\_\_\_\_ Project address \_\_\_\_\_

#### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail \_\_\_\_\_

#### APPLICANT (if different from property owner)

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail \_\_\_\_\_

If the applicant is not the property owner, the property owner grants permission for the applicant to act on the owner's behalf for this project.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### PROJECT INFORMATION

#### Proposed Project Overview

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

Plan preparer's name \_\_\_\_\_ Contact number \_\_\_\_\_

On-site person responsible for grading \_\_\_\_\_ Contact number \_\_\_\_\_

#### Proposed Earth Changes

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

Estimated life expectancy of the mining operation \_\_\_\_\_ years \_\_\_\_\_ months

### APPLICATION REQUIREMENTS

The checklist below identifies all documents required for the Director of Planning and Zoning to declare the application complete before beginning the conditional use permit process.

All items are due **45 calendar days** prior to the Planning Commission meeting.

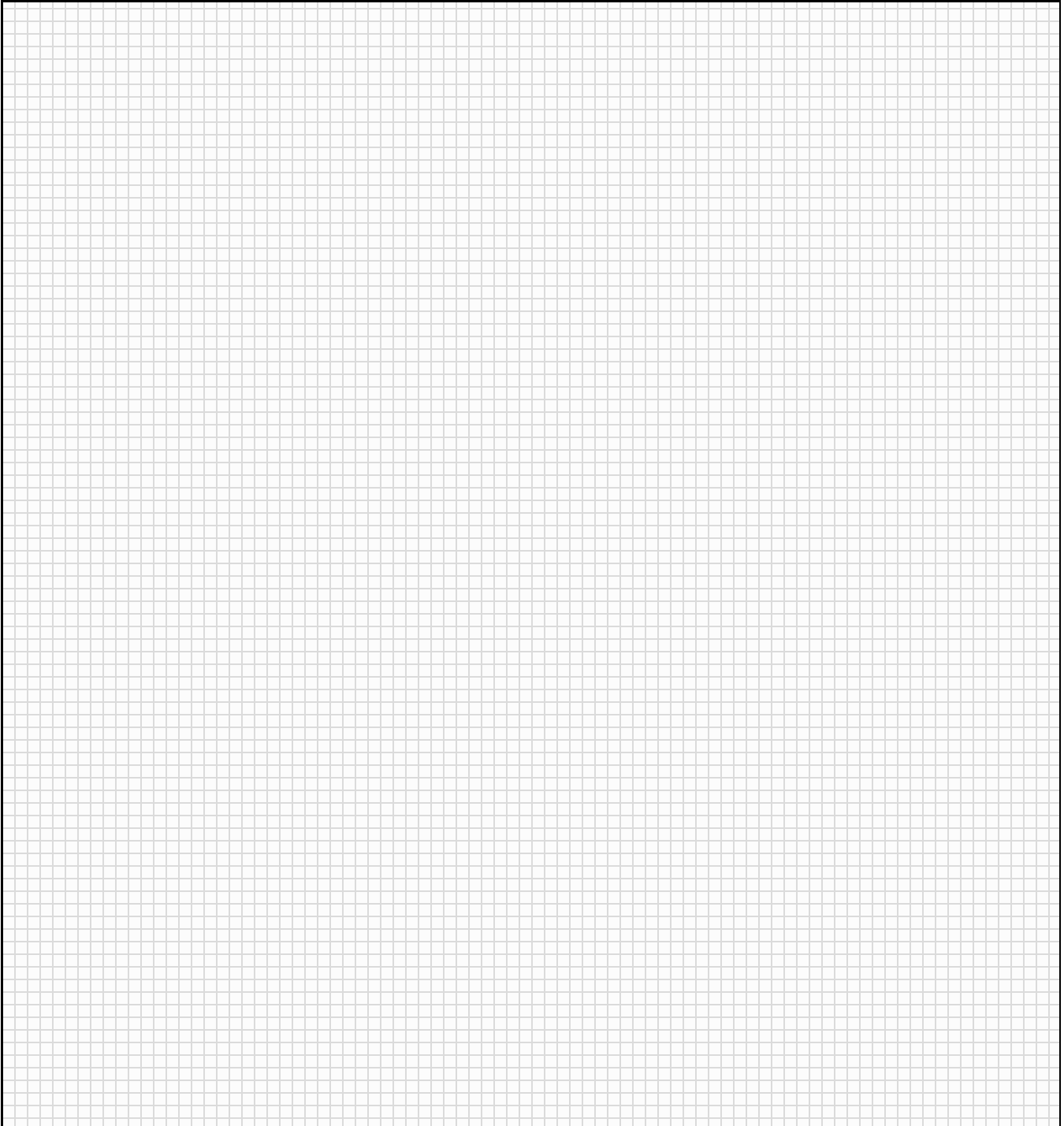
- Payment in full of the required fee (see the current *Adopted Fee Schedule*).
- Site plan showing the location of buildings, driveway, lot lines, easements, right-of- ways, lighting, waterways, heights of buildings affected by the extraction and any additional information that is required by the Township.
- Proof of property ownership including the legal description of the property.
- Payment of a performance bond (based on estimated cost of erosion and sediment control)

## SITE PLAN

Provide a site plan that clearly shows:

- Location / description of proposed temporary erosion control and grade stabilization measures ( such as silt fencing, berms, mulch, planting, bank protection, structures, trenches and sediment traps), and an estimate of the length of time that any area will be exposed to erosion.
- Location / description of permanent erosion control and grade stabilization measures that will be used to store disturbed areas ( such as sod, seed, mulch, gravel and pavement)
- Site drawing with approximate finished elevations
- Topographic map with outline of area to be disturbed

See attached for site plan



**APPLICATION CONDITIONS**

1. I certify that the proposed mining extraction is authorized by the property owner of record, and that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and contain an accurate description and specifications for the mining operation.
2. I agree that issuance of the *Mineral Extraction Permit* carries with it a condition allowing on-site inspection of the premises, both in review of the site plan and later to confirm compliance with the site plan and conditions of the permit. As applicant / owner, I authorize these inspections and acknowledge that they are a condition to any approval provided with the application.
3. I understand that any construction which represents a variance from the approved mineral extraction permit and permit conditions, or violation of the approved mineral extraction or permit conditions, may result in the Zoning Administrator issuing a stop work notice. Upon service of such notification, I and my agents agree to immediately cease work on that portion of the property identified as a violation.
4. I acknowledge review of the site plan and other applicable requirements in the Township *Zoning Ordinance*.
5. I understand that a public hearing is required to be held by the Planning Commission, and I further understand that the Planning Commission may table action to a later meeting if the Commissioners determines that more information is necessary in order to take specific action on the proposed conditional use.
6. I understand that the final decision in this process is made by the Planning Commission and they may approve, approve with conditions or deny the request.

**Owner / agent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (print)** \_\_\_\_\_

**TOWNSHIP OFFICE**

**Parcel ID** 52-02-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_- **Zoning District** \_\_\_\_\_

**Application Charge** \$400.00

Date paid \_\_\_\_\_ Receipt number \_\_\_\_\_

**Performance Deposit Amount** \_\_\_\_\_ (based on estimated cost of erosion and sediment control)

Cash      Certified check      Irrevocable letter of credit      Surety bond

Surety company \_\_\_\_\_ Contact number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Public Hearing Notifications**

*Minimum of 45 calendar days prior to the Planning Commission meeting*

Scheduled Planning Commission meeting date \_\_\_\_\_

Date public hearing notice to be published \_\_\_\_\_

Date notices to be mailed to the affected public \_\_\_\_\_

Date notice to be posted on the Township web site \_\_\_\_\_

**Zoning Administrator signature** \_\_\_\_\_ **Date** \_\_\_\_\_