



CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
TEMPORARY USE APPLICATION

I. APPLICANT INFORMATION

Applicant Whitehill Six, LLC
Address 3351 Oakley Park / Suite 100
City Commerce Twp. State MI ZIP 48390
Interest in Property (owner, tenant, option, etc.) Owner
Contact Person Donn Ulmer
Telephone Number (248) 521-6250 Email Address dulmer@whitehillco.com

II. PROPERTY INFORMATION

Property Address 27591 Dequindre Rd. (Old Green Carpet Sod)
Tax ID 44-25-13-426-011 Zoning District _____
Owner Name (if different than applicant) _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____

III. TEMPORARY USE INFORMATION

Type of Temporary Use Temporary Outdoor Display/Sales Special Event
 Seasonal Sales Lot Other Staging Area

Explanation of Proposed Temporary Use

Use an area approximately 100 yards by 100 yards on the west end of the property for staging of sand being reclaimed from the I-696 Project.

Dates of Operation Approximately 4/1/2025 to 4/1/2027
Hours of Operation Intermittent Use - Weekdays / 7am to 5pm - Occasional Saturdays

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Additional Submittal Requirements:

- A detailed description of the temporary use, including anticipated dates and hours of operation, employees, anticipated visitor numbers, etc.
- Letter of authorization from all property owners authorizing agent to act as applicant, where applicable.
- A sketch plan (to scale) containing all required information contained in Section 15.08 of Zoning Ordinance.

IV. APPLICANT CERTIFICATION

I (we) the undersigned do hereby apply to the City of Madison Heights for review and approval of the above-described Temporary Use application. Applicant(s) and the property owner(s) do hereby consent to city staff to assess the property for purposes of evaluating the site for requested action(s).

Printed Name Donn Ulmer Signature  Date 2/28/25

V. PROPERTY OWNER CERTIFICATION

IF YOU ARE NOT THE PROPERTY OWNER, YOU MUST HAVE THE PROPERTY OWNER PROVIDE A NOTARIZED SIGNATURE, BELOW, OR PROVIDE A NOTARIZED LETTER OF AUTHORIZATION OR NOTARIZED POWER OF ATTORNEY AUTHORIZING YOU TO ACT ON THEIR BEHALF

Printed Name _____ Signature _____ Date _____

Notary for Property Owner:

Subscribed and sworn before me, this __ day of _____, 20__.

A Notary Public in and for _____ County, Michigan.

Notary Name (Print): _____

Notary Signature: _____

My Commission Expires: _____

Notary Stamp

STAFF USE ONLY
[DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE \$ _____
TEMPORARY USE PERMIT # _____
DATE APPLICATION RECEIVED: _____
RECEIVED BY: _____