



CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
SPECIAL LAND USE APPLICATION

I. APPLICANT INFORMATION

Applicant JOSEPH GORIAL
Applicant Address [REDACTED]
City [REDACTED]
Interest in Property (owner, tenant, option, etc.) TENANT
Contact Person JOSEPH GORIAL
Telephone Number [REDACTED] Email Address [REDACTED]

II. PROPERTY INFORMATION

Property Address 436 E. 14 Mile, Madison Hts
Tax ID 92-3774517 Zoning District _____
Owner Name (if different than applicant) William Norin
Address 526 East 14 Mile Rd
City Madison Hts State MI Zip 48071
Telephone Number [REDACTED] Email Address [REDACTED]

III. CONSULTANT INFORMATION (IF APPLICABLE)

Name LARRY SARVER Company Network RLT
Address [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED]
Telephone Number [REDACTED] Email Address [REDACTED]

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IV. PROJECT NAME

V. PROJECT DESCRIPTION AND SCOPE OF WORK

Brief Description of Proposed Special Land Use:

COLLISION REPAIR CENTER.
9AM - 6PM
3-5 Emp.

Required Attachments:

- ☐ **Project Narrative:** Written description of the nature of the proposed use(s), including: products or services to be provided; activities to be conducted inside and outside the building; types of equipment to be used; hours of operation; number of employees; expected levels/ types of vehicular traffic coming to and from the site; other information.
- ☐ **Conceptual Site Plan and Floor Plan:** Conceptual plans containing minimum information listed in Section 15.05 of Zoning Ordinance (refer to checklist, attached)
- ☐ **Review Standards Response Form** (attached)

VI. APPLICANT CERTIFICATION

I (we) the undersigned do hereby apply to the City of Madison Heights for review and approval of the above-described Special Land 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 JOSEPH GORIAL Signature [Signature] Date 4-21-2025

VII. 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 William Naler Signature [Signature] Date 4-21-25

Notary for Property Owner:

Subscribed and sworn before me, this 21st day of April, 2025.

A Notary Public in and for Wayne County, Michigan.

Notary Name (Print): Ashley Decelles

Notary Signature: Ashley Decelles

My Commission Expires: 8/2/2028

Notary Stamp

ASHLEY DECELLES
NOTARY PUBLIC - MICHIGAN
COUNTY OF WAYNE
ACTING IN THE COUNTY OF Oakland
MY COMMISSION EXPIRES AUG. 02, 2028

STAFF USE ONLY

[DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE (\$750): pd SPECIAL LAND USE NO.: PSP # 25-002
DATE APPLICATION RECEIVED: 4/21/25 RECEIVED BY: AE

SPECIAL LAND USE: REVIEW STANDARDS RESPONSE FORM

Section 15.05(3) of the Zoning Ordinance contains Special Land Use review standards and criteria. Please provide responses to the following review standards for consideration by staff, the Planning Commission, and City Council. (Provide additional separate sheets, if necessary).

- A. Describe how the proposed use will be designed, located, and operated in a way that protects the public health, safety and welfare.

IT IS EXISTING BUILDING AND NOT
RELEASING ANY NOISE, HARMFUL VAPORS, WORK IS
DONE INSIDE BUILDING ONLY.

- B. Describe how the use will be designed in a way that considers the natural environment and helps conserve natural resources and energy.

NOTHING HARMFUL IS RELEASED
INTO ENVIRONMENT.

- C. Will the Special Land Use will involve uses, activities, processes, materials, and equipment or conditions of operation that will be detrimental to any person, property, or the general welfare by reason of excessive production of traffic, noise, smoke, fumes, glare or odors. If so, describe in detail.

NONE OF THE ABOVE.
NONE OF THAT WILL HAPPEN.

- D. Describe how the proposed land use will be designed and located so that it is compatible with surrounding properties, neighborhood, and vicinity. At a minimum, this shall include: 1) Location of use(s) on site; 2) Height of all improvements and structures; 3) Adjacent conforming land uses; 4) Conformance with the Master Plan and future land use map for the area as adopted by the Planning Commission; and 5) Compatibility with the permitted principal uses allowed in the zoning district where the Special Land Use is requested, and consistency with the intent of the zoning district.

THIS IS A EXISTING BUILDING.

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- E. Describe how ingress/egress to the use will be controlled to assure maximum vehicular, pedestrian and non-motorized safety, convenience and minimum traffic impact on adjacent roads, drives and uses including, but not limited to:
1. Reduction in the number of ingress/egress points through elimination, minimization and/or consolidation of drives and/or curb cuts;
 2. Proximity and relation to intersections, specifically with regard to distance from drive(s) to intersection(s);
 3. Reduction/elimination of pedestrian/vehicular traffic conflicts;
 4. Adequacy of sight distances;
 5. Location and access of off-street parking; and
 6. Location and/or potential use of service drives to access multiple parcels, reducing the number of access points necessary to serve the parcels.

WE ARE UTILIZING EXISTING DRIVEWAYS.

- F. Describe how the proposed use will be consistent with the intent and purpose of the zoning district in which it is proposed

OUR COLLISION SHOP IS JUST LIKE
OUR NEIGHBOUR TO THE EAST WHICH IS A AUTO
REPAIR SHOP.