



# CITY OF BERKLEY COMMUNITY DEVELOPMENT

3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

## APPLICATION FOR SPECIAL LAND USE REVIEW

**NOTICE TO APPLICANT:** Applications for Special Land Use review by the Planning Commission must be submitted to the City of Berkley Community Development Department in **substantially complete form** at least 30 days prior to the Planning Commission's meeting at which the application will be considered. The application must be accompanied by the data specified in the Zoning Ordinance, Section 10.02.B plus the required review fee.

The Planning Commission will hold the required *public hearing* and will make a recommendation to the City Council. Special Land Use approval shall be obtained from the City Council.

The Planning Commission generally meets the fourth Tuesday of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072. The City Council generally meets the first and third Mondays of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072. Refer to the City Calendar at [www.berkleymi.gov](http://www.berkleymi.gov) for specific meeting dates.

---

### TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request Special Land Use Review and provide the following information to assist in the review:

Project Name: North Green Office Center / Sugaredcoated

Applicant: Ashley Coleman

Mailing Address: [REDACTED]

Telephone: [REDACTED]

Email: [REDACTED]

Property Owner(s), if different from Applicant: North Green Trust

Mailing Address: [REDACTED]

Telephone: [REDACTED]

Email: [REDACTED]

Applicant's Legal Interest in Property: Tenant

---

**LOCATION OF PROPERTY:**

Street Address: 3462 Greenfield Rd. Berkley *Route 102*

Sidwell Number(s): \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Property Size (Square Feet): 4700 (Acres): \_\_\_\_\_

**EXISTING ZONING DISTRICT** Greenfield district

Present Use of Property: Professional and Medical Office

Proposed Use of Property: Service use

**PROJECT DESCRIPTION:**

6 unit professional and medical office

Does the proposed project / use of property require Site Plan Approval?  Yes  No

Does the proposed project require Variance(s) from the Zoning Board of Appeals?  Yes  No

If yes, describe the variances that will be required: \_\_\_\_\_

Allow a service business in the Medical and Professional Office Greenfield District

**PLEASE COMPLETE THE FOLLOWING CHART:**

Type of Development	Number of Units	Gross Floor Area	Number of Parking Spaces On Site	Number of Employees on Largest Shift
Multiple Family				
Mixed Use				
Commercial/ Non-Residential	1	600	17	2

**STANDARDS FOR SPECIAL LAND USE APPROVAL:**

To be considered for Special Land Use approval, the Planning Commission and City Council shall consider the following standards. Please address *how* the proposed use satisfies each standard, as specified in Section 138-10.03.

1. The proposed use is compatible with adjacent land uses.  
Similar parking and use for thsi proposed service use in the Greenfield district.
  
2. The proposed use is compatible with the Master Plan  
Very similar to other Medical uses in the existing center
  
3. The proposed use is located and designed in a manner that will minimize the impact of traffic.  
Appointment only no walk in's. Small 600 sq. ft. unit minimizes the chance of any additional traffic and or parking issues.
  
4. The proposed use provides adequate public facilities and services without an unreasonable public burden.  
Adequate parking and accesability for this proposed "Servcie Use" in this existing pro medical office complex.
  
5. The proposed use does not unreasonably impact the quality of natural features and the environment.  
No it does not.

**PROFESSIONALS WHO PREPARED PLANS:**

- A. Name: Tim Fought  
Mailing Address: [REDACTED]  
Telephone: [REDACTED]  
Email: [REDACTED]  
Design Responsibility (engineer, surveyor, architect, etc.): \_\_\_\_\_
- B. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Design Responsibility: \_\_\_\_\_

---

**SUBMIT THE FOLLOWING:**

1. A PDF electronic copy of a complete set of plans, and any supporting documents, emailed to [planning@berkeleymi.gov](mailto:planning@berkeleymi.gov).
2. Proof of property ownership (title insurance policy or registered deed with County stamp).

---

**PLEASE NOTE:** The applicant, or a designated representative, is encouraged to be at all scheduled meetings, or the Special Land Use request may be postponed due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a Special Land Use application or to revoke any permits granted subsequent to the Site Plan Approval.

Applicants may make a presentation of the proposed project to the Planning Commission and City Council, as appropriate. Presentation can be emailed ahead of time to [planning@berkeleymi.gov](mailto:planning@berkeleymi.gov).

---

**PROPERTY OWNER'S APPROVAL: (Initial each line)**

NG I hereby authorize and give permission for the City of Berkeley to install one or more temporary signs on my property, in order to notify the public of the required public hearing related to the Special Land Use request.

---

**APPLICANT'S ENDORSEMENT: (Initial each line)**

AC All information contained therein is true and accurate to the best of my knowledge.

AC I acknowledge that the Planning Commission will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

AC I acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing or approval of this Special Land Use application.

---

**If an application is withdrawn more than three (3) weeks prior to the meeting date, 90% of the fee will be refunded. If the application is withdrawn less than three (3) weeks prior to the meeting, no refund will be given.**

---

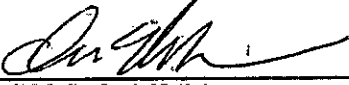
Ashley Coleman 5-23-26  
Signature of Applicant Date

Ashley Coleman  
Applicant Name (Print)

Signature of Applicant Date

Applicant Name (Print)

North Green Trust - Dan Winter 5-23-26  
Signature of Property Owner Authorizing this Application Date

North Green Trust   
Property Owner Name (Print)

**OFFICE USE ONLY**

Received 4-29-26 Receipt # \_\_\_\_\_ Meeting Date \_\_\_\_\_ Case # PSU-01-26

Fee: \$1,000.00

