

SUTTONS BAY TOWNSHIP

APPLICATION FOR SITE PLAN REVIEW

OFFICE USE ONLY

DATE RECEIVED: _____
DATE APPLICATION DETERMINED COMPLETE: _____
DATE(S) REVIEWED BY PLANNING COMMISSION: _____
DATE APPROVED: _____

FILE NUMBER _____
FEE: _____
RECEIPT NO: _____

Project/Applicant Information:

Project Title: _____

Applicant: _____

Address: _____

Phone: _____ Fax: _____

Applicant's Interest / Relationship in the property (circle one): OWNER PURCHASER AGENT

Owner (If other than the Applicant)

Name: _____

Address: _____

Authorized Agent or Representative:

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Location of Property:

Property (Tax) Number: 45-011- _____

Street Address of Parcel: _____

Current Zoning of Parcel: _____

Acreage of Parcel: _____

Existing Structures on Parcel: _____

Attach copy of Legal Description of Property

Description of Proposed Project:

Project Completion Schedule / Description of Phasing:

Describe prior Site Plan Reviews, Variances, and Permits related to subject property, including dates:

I certify that the above information is true and authorize officials of Suttons Bay Township to enter the property during Site Plan Review.

Signature: By: _____
Name: _____
Title: _____

Attachments Required:

- Legal Description of Property
- Application Fee - \$250.00
- Hazardous Materials Checklist