

PARADISE TOWNSHIP
Zoning Department
2300 E. M-113
Kingsley, Mi 49649
(231) 263-5251 Fax (231) 263-7437

APPLICATION FOR ADMINISTRATIVE REVIEW

PARCEL CODE #28-10- _____
FILE # AR _____
DATE _____
REVIEWED BY _____

APPROVAL _____

SITE ADDRESS/PARCEL ID _____
APPLICANT'S NAME: _____
ADDRESS: _____
PHONE: _____ CELL _____

A. PRESENT SITE ZONING _____
EXISTING USE: _____
PROPOSED USE: _____
HOURS OF BUSINESS: _____
NUMBER OF SHIFTS: _____
NUMBER OF EMPLOYEES: _____
SINGLE OR MULTI BUSINESS: _____
ESTIMATED COMPLETION DATE: _____

B. EXISTING SITE CONDITIONS:

EXISTING STREET ACCESS: _____
LOCATION OF EXISTING STRUCTURES ON SITE AND ADJACENT: _____

C. YARD REQUIREMENTS:

SETBACKS:	PROPOSED:
FRONT:	_____
SIDE 1:	_____
SIDE 2:	_____
REAR:	_____

D. SITE IMPROVEMENTS:

PROPOSED BUILDINGS AND STRUCTURES:

PRINCIPAL BUILDING GROSS FLOOR AREA: _____ SQ. FT.

NET USABLE FLOOR AREA: _____ SQ. FT.

ACCESORY STRUCTURE GROSS FLOOR AREA: _____ SQ. FT.

PROPOSED USE OF ACCESSORY BUILDING: _____

E. SITE CIRCULATION – STREET ACCESS:

INTERIOR PUBLIC STREETS PROPOSED? _____ YES _____ NO

IF YES, HAS ROAD COMMISSION APPROVED? _____ YES _____ NO

DO PUBLIC STREETS RELATE TO ADJOINING PROPERTIES, i.e. TO

FURTHER STREETS, OUT LOTS, ETC? _____ YES _____ NO

PRIVATE INTERIOR DRIVES PROPOSED _____ YES _____ NO

DO PRIVATE DRIVES RELATE TO ADJOINING PROPERTIES, i.e. TO
SERVICE ROADS, ETC?

NUMBER OF CURB CUTS TO PUBLIC STREETS: _____

SPACING: _____

HAS ROAD COMISSION APPROVED CUTS? _____ YES _____ NO
(PERMIT ATTACHED)

HAS M.D.O.T. APPROVED THE CUTS? _____ YES _____ NO

STREETS, RIGHTS-OF-WAY, WIDTHS, AND STREET NAMES: _____

F. LANDSCAPING (NON-PARKING AREA):

BUFFER STRIPS REQUIRED? _____ NO, _____ YES, SECTION _____

IF YES, SPECIFY: _____

BERM REQUIRED? _____ NO, _____ YES, SECTION _____

IF YES, SPECIFY: _____

REFUSE DISPOSAL REQUIRED? _____ YES _____ NO

DEPICTED ON SITE PLAN? _____ YES _____ NO

G. RESIDENTIAL DEVELOPMENTS:

TOTAL DWELLING UNITS PROPOSED: _____

NUMBER EFFICIENCY _____

NUMBER 1 BEDROOM _____

NUMBER 2 BEDROOM _____

NUMBER 3 BEDROOM _____

NET BUILDING SITE AREA: _____ SQ. FT.

H. PARKING AND LOADING SPACES, PARKING AISLES:

I. PROVISIONS FOR WATER AND/OR SEWER SERVICES:

J. LEGAL DESCRIPTION ATTACHED? _____ YES _____ NO

K. DEED RESTRICTIONS RECORDED WITH REGISTER OF DEEDS?

_____ YES _____ NO

L. IF PROPERTY IS TO BE PLATTED, RESTRICTIONS MUST BE

RECORDED BY THE TIME OF FINAL PLAT APPROVAL.

M. FINAL SITE PLAN REVIEW COMMENTS:

STANDARDS FOR DETERMINATION:

1. WILL THE PROPOSED USE BE DESIGNED, CONSTRUCTED,

OPERATED AND MAINTAINED SO AS TO BE HARMONIOUS AND
APPROPRIATE IN APPEARANCE WITH THE EXISTING OR INTENDED
CHARACTER OF THE GENERAL VICINITY?

_____ YES, _____, SPECIFY _____

2. WILL THE PROPOSED USE CHANGE THE ESSENTIAL CHARACTER
OF THE AREA?

_____ YES, _____, SPECIFY _____

3. WILL THE PROPOSED USE BE COMPATIBLE WITH ADJACENT USES
OF LAND AND THE NATURAL ENVIRONMENT?

4. WILL THE PROPOSED USE BE COMPATIBLE WITH THE CAPACITIES
OF PUBLIC SERVICES AND FACILITIES AFFECTED; SUCH AS HIGH-
WAYS, STREETS, POLICE, FIRE PROTECTION, DRAINAGE, REFUSE
DISPOSAL, WATER AND SEWAGE FACILITIES AND SCHOOLS?

_____ YES, _____ NO, SPECIFY _____

5. WILL THE PROPOSED USE CREATE EXCESSIVE ADDITIONAL
REQUIREMENTS, AT PUBLIC COST, FOR PUBLIC FACILITIES AND
SERVICES? _____ YES, _____ NO, SPECIFY _____

6. WILL THE PROPOSED USE BE DETRIMENTAL TO ANY PERSONS,
PROPERTY OR THE GENERAL USE BE DETRIMENTAL TO ANY PERSONS,
PROPERTY OR THE GENERAL WELFARE, BY FUMES, GLARE, ODORS OR
CHEMICALS?

_____ YES, _____ NO, SPECIFY _____

DATE:_____

OWNER'S SIGNATURE(S)_____

APPLICANT'S SIGNATURE(S)_____

PLEASE ATTACH ANY FURTHER PERTINENT INFORMATION