

PERE MARQUETTE CHARTER TOWNSHIP

1699 S. Pere Marquette Hwy. ▪ Ludington, MI 49431 ▪ (231) 845-1277

APPLICATION FOR SITE PLAN REVIEW

APPLICANT

Name: _____

Address: _____

Telephone Number: _____

OWNER

Name (if not the applicant): _____

Address: _____

Telephone Number: _____

FOR OFFICE USE ONLY

Date Received: _____

Review by: [] Zoning Administrator
[] Planning Commission

Review Date: _____

[] Approved [] Denied

A. DIRECTIONS

1. Complete the Site Plan Review Application and Site Plan Drawing in accordance with Article 23 of the Pere Marquette Charter Township Zoning Ordinance. (A copy of the article is attached.)
2. **Nine copies of the completed Site Plan Application and Drawing should be submitted to the Township Zoning Administrator along with the fee payment, at least seven days prior to the Planning Commission meeting in which applicant requests to be on agenda.**
3. Plan will be reviewed by the Pere Marquette Fire Chief or Assistant Chief, the Department of Public Works Superintendent and the Zoning Administrator.
4. Applicant or a representative is required to attend the site plan review to provide a brief presentation of the project and to answer any questions the members may have during the review process.

B. PROPERTY INFORMATION

1. Address of property: _____

2. Legal description of property (may provide as an attachment): _____

Parcel Number 53 – 010 - _____ - _____ - _____ - _____

3. Current zoning and size of parcel: _____

4. Project description, include approximate commencement and completion dates: _____

C. SITE PLAN DRAWING SPECIFIC INFORMATION

Final site plans shall be drawn at a scale of not more than one inch to 50 feet and shall contain the information described in Article 23, Section 23.04 of the Township Zoning Ordinance.

D. AFFIDAVIT

I / We, hereby, make application to the Planning Commission for a Site Plan Review in accordance with Article 23 of the Pere Marquette Charter Township Zoning Ordinance. I hereby depose and state that all of the submitted information is true and correct.

Signature of applicant *Date*

If applicant is not the current owner of the property, please provide the following:

Signature of owner *Date*

E. DEPARTMENTAL REVIEWS

1. PERE MARQUETTE FIRE DEPARTMENT

Comments: _____

Date Reviewed: _____

By: _____
Signature *Title*

2. WATER AND SEWER DEPARTMENT

Comments: _____

Date Reviewed: _____

By: _____
Signature *Title*

3. ZONING ADMINISTRATOR

Comments: _____

Date Reviewed: _____

By: _____
Signature *Title*

F. PLANNING COMMISSION

SEE MEETING MINUTES EXCERPT