

Frenchtown Charter Township Planning Commission 2744 Vivian Road Monroe, MI 48162 734-242-5900

SITE PLAN REVIEW APPLICATION

****Applicant must provide **11 copies** of the site plan, **11 copies** of the application, fees, escrow deposit, and all relative documents at least **5** weeks prior to the next regularly scheduled meeting of the Planning Commission.****

Additional site plans will be requested for Planning Commission Board Members by the Township at a specific date.

Refer to the document titled "Site Plan Submission Requirements" which contains detailed information related to the Site Plan and Development Review Process and the minimum information required for site plan submittals.

| DATE | _PROJECT ADDRESS |
|------|-------------------|
| | PROJECT PARCEL ID |

| APPLICANT INFORMATION | | | | | |
|----------------------------|-------|--------|------|--|--|
| Name: | | | | | |
| Address: | | | | | |
| ity: | | State: | Zip: | | |
| Phone: | Cell: | | | | |
| Email: | | | | | |
| PROPERTY OWNER INFORMATION | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Zip: | | |
| Phone: | Cell: | | · | | |
| Email: | | | | | |
| City: Phone: | | State: | Zip: | | |

| PROPERTY DESCRIPTION | |
|--|---------------|
| Zoning Classification: | |
| Lot Size: | |
| Lot Size: | |
| Description of Proposed Project: | |
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| | |
| | |
| Present Use: | Proposed Use: |
| | |
| | |
| | |
| | |
| re you represented by an Architect or Engineer? | Yes No |
| | |
| Name of Architect / Engineer | |
| Address | |
| Telephone # () | Fax () |
| re you represented by an Attorney? | Yes No |
| re you represented by an Attorney: | |
| Name of Attorney | |
| Address | |
| Telephone # () | |
| Vill your attorney be present at the Planning Comm | |

ATTACH THE FOLLOWING:

- 1. **11** hard copies of the site plan, sealed by a registered architect, engineer, or landscape architect. Please also provide an electronic copy via email to <u>Frenchtownplanning@Frenchtownmi.gov</u>
- 2. A brief written description of the existing and proposed uses, including but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.
- 3. If necessary, review comments of approval received from county, state, or federal agencies that have jurisdiction over the project.
- 4. One check to establish an escrow account with a beginning balance of **\$4,500** \$2,500 for the Township Engineer and \$2,000 for the Township Planner. Any money left over at the end of the process will be refunded to the applicant.
- 5. One check in the amount of **\$300** for the Planning Commission.

SITE PLAN SUBMITTAL CERTIFICATIONS

I certify that I have reviewed the Site Plan submittal documents and have compared it to the Site Plan Approval Criteria in Section 27.08 of the Zoning Ordinance of Charter Township of Frenchtown.

I further understand that all plans and correspondence for review have been submitted to the agencies listed below:

| Monroe County Health Department | Monroe County Drain Commission | City of Monroe |
|---|--|---|
| Environmental Health Division | Attn: Doug Link | Attn: Barry Laroy |
| 29 Washington Street | 1005 S. Raisinville Road | 120 E. First Street |
| Monroe, MI 48161 | Monroe, MI 48161 | Monroe, MI 48161 |
| Michigan Department of Transportation 10321 E. Grand River Ave. Suite 500 Brighton, MI 48116 | Monroe County Road Commission 840 S. Telegraph Road Monroe, MI 48161 | Fire Savvy Consultants 701 Woodward Heights Suite 106 Ferndale, MI 48220 |

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings or the site plan application may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a site plan application or to revoke any permits granted subsequent to site plan approval.

APPLICANT'S ENDORSEMENT

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information required in this application and the Zoning Ordinance have been submitted. I further acknowledge that the Township and its employees or agents shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

| Signature | of | Ap | plicant |
|-----------|----|----|---------|
| | | | |

Date

Signature of Property Owner

Date

Updated 12.21.23