



**GREEN LAKE TOWNSHIP
SITE PLAN REVIEW APPLICATION
RESIDENTIAL**

Incomplete applications will not be accepted.
All required materials must be submitted at least 30 days in advance of the next scheduled meeting.

OWNER OF PROPERTY:

NAME _____ PHONE _____

ADDRESS _____

APPLICANT:

NAME _____ PHONE _____

ADDRESS _____

EMAIL ADDRESS _____

Relationship of applicant to property: Owner of record Party to a sales agreement
 Party to a lease agreement Other _____

PROJECT ADDRESS _____

Parcel ID Number _____ Zoning District _____

Describe the purpose of the request _____

Special Use Yes No Conditional Use Yes No Planned Unit Development Yes No

Open Space Preservation Development Yes No Condominium Development Yes No

Site Plan Type Basic Medium Detailed

Present Use _____ Proposed Use _____

Proposed Number of New Lots _____ Total Number of Lots _____

Proposed Number of New Dwelling Units _____ Total Number of Dwelling Units _____

Dwelling Unit Type – Single Family Yes No Duplex Yes No Multi Family Yes No

Proposed Water – Private Well Yes No Public Water Yes No

Proposed Sewer – Private Septic Yes No Public Sewer Yes No

Proposed Title of Development _____

Proposed Development Signage Yes No Include location on Site Plan, provide image and cross section
– Monument sign only, Size and location _____

Deed Restrictions (Covenants) Yes No
If Yes, must accompany application and be recorded for final approval.

Surveyor / Engineer Name, Address and Phone Number _____

Legal Description of parcel _____

Existing Site Conditions

Lot Width _____ Lot Depth _____ Lot Area _____

Total Tract Size _____ Acreage dedicated to open space _____

Existing Public Street Access Yes No Existing Private Street Access? Yes No

Are private interior drives proposed? Yes No

Number of proposed curb cuts _____

Permit application approved by appropriate agency.

Curb Cuts MDOT Yes No or GTCRC? Yes No

Driveway MDOT Yes No or GTCRC? Yes No

Non-parking areas

Buffer Strip Requirements Yes No

Berm Requirements Yes No

Trash Receptacle Screening Yes No

Phasing Yes No If phasing, please provide a detailed phasing plan / schedule.

Estimated Completion Date _____

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 No

Will the proposed use change the essential character of the area? Yes No

Will the proposed use be compatible with adjacent uses of land and the natural environment? Yes No

Will the proposed use be compatible with the capabilities or public services and facilities (i.e. Highways, streets, police, fire, refuse disposal, schools, etc.)? Yes No

List Waivers Requested

Article _____ Section _____ Paragraph _____
Article _____ Section _____ Paragraph _____
Article _____ Section _____ Paragraph _____

List any previous variances or waivers and provide documentation of said approvals and any associated stipulations.

AFFIDAVIT

The undersigned affirms that he / she is the _____ (owner, lessee or other interest) involved in this petition and that the foregoing answers, statements and information are in all respects true and to the best of his/her knowledge, correct.

Signature of Petitioner _____ DATE _____

I hereby grant permission for members of the Green Lake Township Zoning Department, Planning Commission, Zoning Board of Appeals and Township Board of Trustees to enter the above described parcel (or as described in the attached) for the purpose of gathering information related to this application / request / proposal.

Signature of OWNER _____ DATE _____

- Attach the following additional information:
- Sketch plan, drawings, photographs, etc.
 - Outside agency approvals
 - Health Department
 - MDOT / GTCRC
 - Soil and Erosion
 - EGLE

FOR OFFICE USE ONLY

File Number _____ Date Received _____
Fee (Non-refundable) _____ Accepted By _____