

# SITE PLAN APPLICATION

Site Plan Application **MUST** be filed no less than **THIRTY (30) DAYS** prior to the date of a scheduled Planning Commission meeting.

**OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_

PC REVIEW DATE \_\_\_\_\_

COUNCIL REVIEW DATE \_\_\_\_\_

**FEE:**  **\$500** Public Hearing \*  **\$450** No Public Hearing \*  **\$100** Single/Two Family \*

\* The City of Cheboygan reserves the right to hire outside consultants to review projects or plans when the necessary technical expertise is not available on staff. **The cost of the outside technical assistance will be passed onto the applicant and MUST be paid in advance of starting the permit review.**

FEE RECEIVED \_\_\_\_\_

(fees subject to change)

\* **ADDITIONAL COST (if applicable):** \$ \_\_\_\_\_

PROPERTY LOCATION		PLEASE PRINT CLEARLY
Address:		Cheboygan, MI 49721
Zoning District:	Parcel Number: <b>16</b> - _____ - _____ - _____ - _____	
<input type="checkbox"/> Subdivision <input type="checkbox"/> Condo	Plat Name / Lot No.:	

APPLICANT		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

PROPERTY OWNER (if not applicant)		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

**Applicant's Capacity if not Property Owner (check one):**

Contractor/Builder  Engineer  Lawyer  Purchase/Lease/Option  Agent/Other: \_\_\_\_\_

**NOTE: Answers to the following questions are REQUIRED for application approval.**

**PROPOSED WORK (check all that apply):**

TYPE:	BUILDING INFORMATION:
<input type="checkbox"/> New Building <input type="checkbox"/> Change In or Additional Use	Overall Length: _____ ft
<input type="checkbox"/> Addition <input type="checkbox"/> Reconstruction/Remodel	Overall width: _____ ft
<input type="checkbox"/> Other: _____	Floor Area: _____ sq. ft.

**PROPOSED USE (check all that apply):**

<input type="checkbox"/> Single-Family Residence	<input type="checkbox"/> Commercial
<input type="checkbox"/> Multi-Family; # of Units: _____	<input type="checkbox"/> Industrial
<input type="checkbox"/> Expansion / Addition	<input type="checkbox"/> Institutional
<input type="checkbox"/> Garage / Accessory Structure	<input type="checkbox"/> Utility
<input type="checkbox"/> Office	<input type="checkbox"/> Other: _____

Has a Site Plan, Variance, or Special Use Permit been approved for this site previously?  YES  NO

If YES, Date of Approval: \_\_\_\_\_ Approved Use: \_\_\_\_\_

1. Describe, IN DETAIL, all anticipated activities that will occur on the property; be sure to include hours of operation, impact on traffic flow, parking needs, and infrastructure needs (attach a sheet if additional space is needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Size of Property in Square Feet or Acres: \_\_\_\_\_

3. Describe the present use of the property.

\_\_\_\_\_  
\_\_\_\_\_

4. Attach the following:

- Copy of Warranty Deed, Purchase Agreement, Lease Agreement, and other documents showing proof of site control.
- Copy of Certified Property Survey or Dimensioned Property Land Plat.
- Provide a list of all individuals and corporations having an ownership interest.
- Site Plan, Landscape & Lighting Plan, Traffic Study, and other required documentation

5. Include:

- Two (2) Large Site Plans for Zoning Administrator preliminary review.
- Once notified by the Zoning Administrator, two (2) large blueprint sized 24X36 and one (1) 11X17, plus one digital copy of the Site Plan. **SITE PLAN MUST BE SIGNED & stamped by a state licensed engineer or architect.**

**The improvements specified on this Site Plan MUST be started within one (1) year and completed within two (2) years of the City Council approval date.**


**AFFIDAVIT:**

I, the undersigned, hereby certify that all information and plans submitted in this Application are true and correct to the best of my knowledge; if found to not be true, any permit issued may be voided. I agree to comply with the conditions and regulations provided in the City's Zoning Ordinance and give permission for officials of the City of Cheboygan to enter the subject property for inspection purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CITY USE ONLY: APPROVALS**

 City of Cheboygan Planning Commission: \_\_\_\_\_

 City of Cheboygan City Council: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date

**Planning & Zoning Department**  
403 N. Huron Street / PO Box 39  
Cheboygan, MI 49721  
**PH: (231)627-9931**