

SITE PLAN REVIEW APPLICATION

Fee \$ _____ * Rec'd Date: _____
 (*without public hearing-\$210; with public hearing-\$330, subj. to change)
 Site Plan review date with Planning Commission: _____
 Site Plan review date with City Council: _____

**City of Cheboygan, Michigan
 Planning & Zoning Department
 430 N. Huron Street, PO Box 39
 Cheboygan, Michigan 49721**

**Telephone: 231-627-9931
 Fax: 231-627-6351**

PLEASE PRINT

PROPERTY LOCATION

Address	City of Cheboygan, Michigan	Zoning District
Property Tax I.D. (Parcel) No.	Subdivision or Condo. – Name/Plat or Lot No.	

APPLICANT

Name	Telephone	Fax No.
Address	City & State	Zip Code

OWNER (if different from applicant)

Name	Telephone	Fax No.
Address	City & State	Zip Code

Answers to the following questions are REQUIRED for application approval.

PROPOSED WORK (check all that apply)

<p>Type</p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change in or Additional Use</p> <p><input type="checkbox"/> Reconstruction/Remodel</p> <p><input type="checkbox"/> Sign, Type: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Building/Sign Information</p> <p>Overall Length: _____ feet</p> <p>Overall Width: _____ feet</p> <p>Floor Area: _____ sq. feet</p> <p>Sign Area: _____ sq. feet</p> <p>Overall Height: _____ feet</p>
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PROPOSED USE (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Single-Family Residence | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Multi-Family, # of units _____ | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Expansion/Addition | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Garage or Accessory | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Office | |

Has there been a Site Plan or Special Use Permit approved for this parcel before? Yes No

If YES, date of approval: _____ Approved Use: _____

1. Describe IN DETAIL all anticipated activities (include hours of operation, number of employees, number of parking spaces, traffic impacts, etc. Attach additional sheets, if needed.)

2. Size of property in sq. feet or acres: _____

3. Present use of property: _____

4. Attach a copy of Warranty Deed or other proof of ownership.

5. Attach a copy of certified Property Survey or dimensioned property land plat.

6. Include 2 large drawings and 10 copies of a Site Plan. **SITE PLAN MUST BE SIGNED.**

7. Does property owner give permission for City Planning/Zoning officials to enter property for inspection purposes? Yes No

The improvements specified on this Site Plan are required to be completed within two (2) years of the date of approval by the City Council.

Owner(s) signature(s): _____

AFFIDAVIT

The undersigned affirms that the information and plans submitted in this Application are true and correct to the best of the undersigned’s knowledge.

Applicant’s Signature: _____ Date: _____

APPROVALS:

By: City of Cheboygan Planning Commission on _____, 20__

By: City of Cheboygan City Council on _____, 20__

(Signature – Zoning Administrator) Date: _____