## SITE PLAN REVIEW APPLICATION

As Required By Article 17 of the Chikaming Township Zoning Ordinance

	Conceptual Review_	17.02 ( C ) (2)	Formal Revie	ew17.02 (D)	
Date Submitted b	by Applicant	Date Re	ceived	By	
		OWNER INFOR			
Name					_
Address					_
City	Stat	teZi	p		_
Telephone		*			
Email				*	
		APPLICA	NT		
Name					_
Address					-
	Stat		p		-
Telephone		*			
Email				*	
		PROJECT INFO	RMATION		
Site address o	or common description	I			
Existing Zonin	ig of Parcel	Total Ac	reage		
Dimensions of	f parcel or land				
Zoning of adja	acent properties: N	E	S	W	
Attach Pi	roof of Fee Ownership				
Attach le	gal description of parc	el or land			
Attach Na	ames, Addresses, and	Telephone Numb	pers of architects	s, engineers, attor	nies, and
other professi	onals associated with	this project.			
Building(s) Sq	uare Feet: Gross		Useable		
Property Code	e Number: 11-07				
Existing Use of	of Parcel:				
Number of Re	gular Employees				

Attach review comments and	d/or approvals from any appl	licable county, state, and fede	ral		
agencies.					
umber of proposed buildings to be constructed: NA					
Name of Proposed Development					
umber of proposed buildings to be constructed: NA ame of Proposed Development roposed Use of Land					
l attest that all of the information pro	vided in these documents is	true to the best of my ability.			
Owner Signature	Applic	cant's signature			
Date	Date				

Return to Township Offices with fee of \$350.00 for a major review, \$200.00 for a conceptual review, and one (1) copy of Site Plan. After initial review by Zoning Administrator <u>9 copies of all documents are required if only Planning Commission approval is required, and 15 copies of all documents are required if Township Board approval is also required.</u>

Plan review fees will be invoiced to the applicant.

Please Leave no line blank unless N/A is applicable