



City of White Cloud
 Planning Commission
 12 N. Charles St.
 White Cloud, MI 49349
 Phone: (231) 689-1194
 Fax: (231) 689-2001

| Office Use Only |
|-------------------------|
| Date Submitted: _____ |
| Admin Review: _____ |
| Site Plan Review: _____ |

| Application for Site Plan Review | | | |
|--|--|-----------------------------------|-------------|
| <p>Pursuant to Sec.15.03 site plan review requirements are intended to provide a consistent and uniform method of review of proposed development plans, to ensure full compliance with the regulations of this article and other applicable ordinances and state and federal laws, to achieve efficient use of land, to protect natural resources, and to prevent adverse impact on adjoining or nearby properties. It is the intent of these provisions to encourage cooperation and consultation between the city and the applicant to facilitate development in accordance with the city's land use objectives.</p> | | | |
| Project Location | | | |
| Subject Property Address: | | | |
| Property Parcel Number: | | | |
| Project Name: | | | |
| Applicant's Information | | | |
| Name: | | | |
| Address: | | City/State/Zip: | |
| Phone Number: | | Fax: | |
| Email Address: | | | |
| Interest in Property: | | | |
| Property Owners Information | | | |
| Name: | | | |
| Address: | | City/State/Zip: | |
| Phone Number: | | Fax: | |
| Email Address: | | | |
| Signature: | | Date: | |
| Description of Proof of Ownership Provided: | | | |
| Parcel Information | | | |
| Legal Description: | | | |
| Acreage: | | Frontage in Feet: | Dimensions: |
| Proposed Building/Alteration Information | | | |
| Proposed Building: | | | |
| Existing Zoning: | | Purposed Use: | |
| Square Footage: | | Employment Opportunities Created: | |

Application for Site Plan Review Page 2

Please Provide all information that applies to the Project:

Project Engineer

| | | |
|----------------|--|-----------------|
| Name: | | |
| Address: | | City/State/Zip: |
| Phone Number: | | Fax: |
| Email Address: | | |

Project Attorney

| | | |
|----------------|--|-----------------|
| Name: | | |
| Address: | | City/State/Zip: |
| Phone Number: | | Fax: |
| Email Address: | | |

Project Architect

| | | |
|----------------|--|-----------------|
| Name: | | |
| Address: | | City/State/Zip: |
| Phone Number: | | Fax: |
| Email Address: | | |

Other Professionals Associated with the Project:

| | | |
|----------------|--|-----------------|
| Name: | | |
| Address: | | City/State/Zip: |
| Phone Number: | | Fax: |
| Email Address: | | |

Interest in Project:

Pursuant to Sec.15.03 Submission of site plan for final review: the applicant is required to submit the following materials to the City Hall 21 days prior to the scheduled date of the formal Site Plan Review.

1. Three completed and signed copies of the application for site plan review.
2. Six (6) individually folded copies of the site plan.
3. Proof that the plan has been submitted for review to the governmental agencies that have jurisdiction over any aspect of the project, including, but not limited to; the county road commission, county drain commission, county health division, Michigan Dept. of Transportation, Michigan Dept. of Environmental Quality, and other agencies deemed appropriate by the planning commission or city council; and
4. In escrow the required consultant review fee.

Signatures

Applicant **MUST** be signed by both the applicant and legal property owner. The undersigned deposes that the foregoing and any attached information is true & correct.

| | |
|---------------------------|--|
| Applicant's Signature: | |
| Applicant's Printed Name: | |
| Owner's Signature: | |
| Owner's Printed Name: | |