

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:

	А	pplication for Site Plan Review			
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 pr	adjoining or nearby properties. It is the intent of these provisions to encourage cooperation and				
consultation between the city and the applicant to faciliate development in accordance with the					
city's land use objectives.					
Project Location					
Subject Property Address:					
Property Parcel Number:					
Project Nam	e:				
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:					
<u> </u>	T	Project Architect			
Name:		0:1.10:1.17:			
Address:	City/State/Zip:				
Phone Number:		Fax:			
Email Address:	Oth ar Dra	forcionals Associated with the Ducients			
Other Professionals Associated with the Project:					
Name:		City/State/Zin:			
Address: Phone Number:		City/State/Zip: Fax:			
Email Address:		Гах.			
Interest in Project:					
Pursuant to Sec.15.03 Submission of site plan for final review: the applicant is required to submit					
Review.	o the City Ha	Ill 21 days prior to the scheduled date of the formal Site Plan			
	signed coni	as of the application for site plan review			
 Three completed and signed copies of the application for site plan review. 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:					