

ESTABLISHED 1835



Preliminary Site Plan Review Application Form

- 18027 Old US 12 • Chelsea, MI 48118 • (734)475-8890 • FAX (734)475-8905
- www.sylvantownshipmi.gov

Staff Use Only	Property Address:	
Fee:	Planning Commission Number:	
Deposit Amount:		Application Date:

1. Record Owner(s):

Name: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

2. Authorized Agent(s)/ Applicant:

Name: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

3. Property Address _____

4. Zoning District _____ **5. Tax Identification Number** _____ - _____ - _____

6. Project Description: Summary (Please use separate page for detailed project description if needed):

7. Proposed use and/or nature of operations: _____

8. Estimated date of construction or operation: _____

9. Is the development phased _____ **9(a). If so please explain the phasing** _____

10. General Description of Water, Sanitary Sewer, and Storm Drainage Systems: _____

11. Items Required: (Please check items submitted)

- _____ A. Preliminary Site Plan Application filled out completely and signed.
- _____ B. Detailed description of the project.
- _____ C. Project Plans (All plans should be drawn to scale and include the property address, a north arrow, and the date in which the plans were drawn)

Site Plan

- Location, shape and dimensions of the lot.
- Outline and dimensions of all existing and proposed structures, areas of use, wells, septic tanks and drain fields.
- Location of all easements on the property,
- Location of all water, sanitary sewer, and storm drainage systems.
- Setbacks of all existing and proposed structures and use areas to all property lines.
- Show all required setbacks
- A clear description of existing and intended uses of all structures and areas of the property.
- A key that includes both existing and proposed:
lot size, lot coverage, building square footage calculations (first floor, second floor, garage, pool house, etc) , floor area, number of floors, height and type of dwelling unit. When necessary show lot density, square footage of transition area, landscape strips, open areas, and recreation areas.

Vicinity Map

- Adjacent land uses and zoning;
- location of adjacent buildings, and
- location of adjacent drives and streets.
- Show approximate distance between proposed project and adjacent structures

Grading and Drainage Plan (if Necessary)

- Location, shape and dimensions of the lot.
- General topography and soils condition
- Area of intended filling and/or cutting; outline of existing buildings/structures and drives; existing natural and manmade features to be retained or removed.

Roadways and Parking Plan (if Necessary)

- Proposed streets/drives. General alignment, right-of-way (where applicable), surface type and width.
- Proposed parking. Location and dimensions of lots; typical dimensions of spaces and aisles; angle of spaces; surface type; number of spaces.

- _____ E. Fee \$900 plus deposit of \$2,500 for consulting fees (attorney, engineering and planning)ⁱ
- _____ F. Additional Information including but not limited to (if necessary)
 - Driveway Permit
 - Sewage Permit

- Well Permit
- Other information necessary to determine compliance with the zoning regulations.

12. Certification and Signature of Applicant and/or Owner:

I hereby certify that I have read the Sylvan Township Zoning and Private Road Ordinances and the foregoing statements and attachments are true and correct to the best of my knowledge and belief and I agree to abide by all applicable conditions and ordinances. I agree that Sylvan Township employees and their representatives have the authority to inspect the property listed on this application. Further, I acknowledge that approval of any special use permit grants only that which was represented to the Planning Commission at the Public Hearing. No other use may be substituted without a rehearing.

_____/_____
Signature of Owner/Dateⁱⁱ

_____/_____
Signature of Applicant /Date

Staff Use Only			
Notice Date / /		Hearing Date / /	
Continued Date / /		Decision Date / /	
Decision: ⁱⁱⁱ	Approve		
	Deny		
	Approve w/Conditions		
List of Conditions:	_____ _____ _____ _____		
Zoning Administrator _____		Date / /	

ⁱ Billing will be sent on a monthly basis as costs are incurred. The remainder of the deposit will be returned when the project is complete and the fees have been paid in full. The \$900 fee entitles you to one public hearing if additional public hearing are determined necessary by the Planning Commission and the cause of the hearing is required due to inadequate information provided or additional information needed a resubmittal fee of \$400 dollars will be charged to the applicant. Larger project may require a larger deposit.

ⁱⁱ The owner’s signature is required. If the owner does not sign this document a letter of owner’s authorization is required. This authorization letter should state that the owner has allowed the applicant to apply for the special use permit. This authorization letter needs to be signed and dated by the property owner.

ⁱⁱⁱ Approval of a preliminary site plan by the township planning commission shall indicate its acceptance of the proposed layout of buildings, streets, drives, parking areas, and other facilities and areas in accordance with the standards set forth in subsection (c) of this section. A preliminary site plan approval expires 180 days after the date of that preliminary approval if the person or entity receiving the approval does not first apply for final site plan approval for all or part of the area included in the approved preliminary site plan approval.