

SITE PLAN REVIEW APPLICATION

OFFICIAL USE ONLY	Date Received
Project Title:	Received by
Site Plan Review Case No. SPR	Fee Amount Fee Received



SUBMIT TO:

**LONG LAKE TOWNSHIP
PLANNING AND ZONING DEPARTMENT
8870 NORTH LONG LAKE ROAD
TRAVERSE CITY, MI 49684
PHONE # 231 946-2249 FAX 231 946-4573**

You MUST answer all questions and include all attachments as required by the Long Lake Township Zoning Ordinance #60, as amended, or the application will be considered incomplete.

A. Applicant & Owner Information	
Owner(s):	Applicant (if different):
Owner's Address:	Applicant's Address:
City: State: Zip:	City: State: Zip:
Phone Number Fax Number	Phone Number Fax Number
Email Address	Email Address

B. Property & Plan Preparer Information	
Property ID: 28-08- XXXXXXXXXXXX 28-08- 28-08- XXXXXXXXXXXX 28-08-	Property Address:
	Proof of ownership (copy(s) attached):
Name & Address of professional (engineer, land surveyor, landscape architect) licensed in Michigan who prepared the plan:	
Name:	Firm:
Address:	Phone: Fax Number:
City: State: Zip:	Email Address

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C. Project Information

Type of use (check all that apply):

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Single Family Residential Development |
| <input type="checkbox"/> Conditional Land Use | <input type="checkbox"/> Office(s) | <input type="checkbox"/> Multiple Family Development |
| <input type="checkbox"/> Commercial/Retail | <input type="checkbox"/> Condominium | <input type="checkbox"/> Utility |

Project Description:

D. Required Submittals

Submittal of application/site plan is required 45 days prior to the regular meeting date of the Long Lake Township Planning Commission

Engineered Site Plan - all of the following are required

- | | |
|--------------------------|--|
| <input type="checkbox"/> | CD attached of digital version (.pdf) of each page of plan set |
| <input type="checkbox"/> | 1 copy attached of full size site plan set |
| <input type="checkbox"/> | 3 copies attached of 11" x 17" size plan set |
| <input type="checkbox"/> | Signed Escrow Agreement Attached |
| <input type="checkbox"/> | Sign Notification Form and Fee Attached |

E. Required Signatures

I agree the statements made above are true, and if found not to be true, this application and any approval will be void. Further, I agree to comply with the conditions and regulations provided by the Long Lake Township Zoning Ordinance #109, adopted August 21, 2010, as amended.

Owner's
Signature: _____

(Required)

Date: _____

Applicant's
Signature: _____

(If Applicable)

Date: _____

NOTE: By signing this application, the property owner agrees to on-site inspections by Long Lake Township Zoning, Planning, or Assessing officials, necessary to ascertain compliance, completion and value of the content of the application