



CITY OF MANCHESTER
 912 CITY ROAD
 MANCHESTER, MI 48158
 (734) 428-7877 FAX: (734) 428-1877

APPLICATION FOR APPROVAL OF SITE PLAN

Application Date: _____

APPLICANT IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

Owner's Name: _____ Telephone: _____

Address: _____

Plan Designer's Name: _____ Telephone: _____

Address: _____

PROPOSED SITE PLAN REVIEW:

Preliminary Final Combined*

*At the discretion and risk of applicant, the preliminary and final site plans may be combined in application for approval. In such a situation the Planning Commission may waive the portion of the review process concerning preliminary site plan application and review. However, the Planning Commission has the authority to require a preliminary site plan separate from the final site plan where the complexity and/or scale of the site for the proposed development so warrant. Also, preliminary and final site plans cannot be combined for a development consisting of two or more phases.

A copy of the Manchester City code pertaining to site plan review is included with this application.

A site plan review also requires an application of zoning compliance. The fee for zoning approval is included in the site plan review fee.

PLEASE NOTE: *Engineering, Legal and Planning Consultant Costs will be extra, if incurred.*

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge. I also acknowledge that I have received a copy of the Certificate of Zoning Compliance and a copy of the Manchester City Code pertaining to Site Plan Review with this application. By signing this application, I grant permission to City personnel to enter upon property as described for review purposes.

Applicant's Signature: _____

Date: _____

For Office Use Only:

Fee: Preliminary \$ 400.00 Final \$ 500.00 Combined \$ 900.00

Date Paid: _____ Received by: _____

Application and drawings received Zoning Compliance application received

Engineering consultant opinion received

County Health Department opinion received

DPW Superintendent opinion received

Fire Chief opinion received

Comments: _____

Initial Review of Planning Commission: Date: _____

Findings and recommendations to Council: _____

Final Review of Planning Commission: Approved Denied Date: _____

Findings: _____

Initial Review of City Council: Date: _____

Final Review of City Council: Approved Denied Date: _____

Findings: _____

Notification sent to: Owner Date: _____

City/Council Files Date: _____

Building Inspector Date: _____

Planning Commission Date: _____