

Allendale

CHARTER TOWNSHIP

"Where community is more than just a concept!"

Planning Commission

Application

Submission Date: _____

Application for Site Plan Review in conjunction with which of the following:

- | | |
|--|---|
| <input type="checkbox"/> Site Plan Review Only | <input type="checkbox"/> Zoning Amendment (including PUD) |
| <input type="checkbox"/> New PUD Development | <input type="checkbox"/> Special Use Application |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Other: _____ |

Property Owner:			
Mailing Address:			
Phone Number:		Cell Phone:	
Email Address:		Fax:	
Owner's Signature:			

Applicant Name: (if not owner)			
Mailing Address:			
Phone Number:		Cell Phone:	
Email Address:		Fax:	
Applicant's Signature:			

Who is the responsible party for future invoices? Check one:

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Applicant
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Architect, Engineer, Attorney or other professionals associated with the project (attach additional sheets if necessary):

Contact:			
Mailing Address:			
Phone Number:		Cell Phone:	
Email Address:		Fax:	
Address of Property:			

Permanent Parcel Number: - - - -					
Legal Description of Property (or attach to the application):					
Lot Area:		Lot Depth:		Lot Width:	
Current Zoning of Parcel:		Current Use of Parcel:			
Proposed Use of Parcel:					
Name of Proposed Development (if applicable):					
Name of Proposed Buildings to be constructed:					
Square feet of gross:		Square feet of usable floor area:			
Number of Permanent Employees (if applicable):					

- Please include 5 sets of the proposed Site Plan and 1 electronic copy for staff review along with your application and escrow fee. (When ready for submission to the Planning Commission, smaller than typical plans are allowed when they can be easily interpreted and are to scale.)
- Please see Resolution 2011-2 for our full escrow fee policy. If you would like a copy of this policy it is available online or by request at the Township office.
- If your escrow is not kept up to date, according to our policy, the Township reserves the right to withhold approval of your project, issue a stop work order, or withhold final occupancy until the escrow balance is made current.

For Office Use Only

Date Received:			
Amount Paid:		Check No:	
Notes:			

ALLENDALE CHARTER TOWNSHIP

6676 Lake Michigan Drive | P.O. Box 539 | Allendale MI 49401
 Phone: 616-895-6295 Fax: 616-895-6670 or 616-895-6330
www.allendale-twp.org

If your project is a Rezoning or Zoning Text Amendment please fill out the following:

1. Action Requested:

A. Rezone from _____ to _____ the property located at (address if any)

_____, parcel ID _____

legally described as:

B. Text Amendment:

Amend Chapter _____ Article _____ Section(s) _____ to read:

2. General Information:

A. List all deed restrictions to property described in 2A, above, (attach additional pages if needed):

B. Present use of the property is: _____

C. Lot size in acres or square feet: _____

D. Provide a scaled map of the property, fully-dimensioned and correlated with the legal description, showing the following:

1. The land which would be affected by the proposed amendment;
2. If the land proposed for rezoning does not include the entire parcel or lot, the land and legal description of the portion of the parcel of the lot which is proposed for rezoning and the portion of the parcel of the lot which is not proposed for rezoning;
3. The present zoning of the land proposed for rezoning;
4. The present zoning of all abutting lands; and

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5. All public and private right-of-ways and easements bounding and intersecting the land proposed for rezoning.

E. Reason for this amendment request at this time:

F. If the amendment is a proposed rezoning please answer the following questions:

1. Is the requested amendment consistent with the Master Plan? If yes, explain:

2. If the proposed zoning does not conform with the Master Plan, why should the change be made? Please be specific, brief, and attach any supporting documentation which substantiates your claim:

G. What do you anticipate the impact of the proposed zoning change on the neighboring property to be?

The undersigned affirm that he, she, or they, accept the responsibility of the Petition and that information herewith submitted is true and correct to the best of their knowledge.

Petitioner's Signature(s)

Date

Petitioner's Signature(s)

Date

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