

Allendale

CHARTER TOWNSHIP

"Where community is more than just a concept!"

Planning Commission

Site Plan Review Application

Submission Date: _____

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

- ☐ Site Plan Review Only
☐ PUD Rezoning
☐ Special Use Application
☐ 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 6 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:			

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