

OFFICE OF THE PLANNING DIRECTOR
David R. Campbell, AICP

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SUPERVISOR
 William Fountain

CLERK
 Larry Hopkins

TREASURER
 Kathleen Horning

TRUSTEES
 Joe Colaianne
 Matthew Germane
 Glenn Harper
 Joe Petrucci

APPLICATION FOR PLANNED DEVELOPMENTS AND ZONING AMENDMENTS

Property Address:			Development Name:		
Parcel Identification Number:			Zoning of Parcel:	Current	Proposed
Application Request Date: _____	<input type="checkbox"/> Conceptual Review	\$500.00	<input type="checkbox"/> Text Amendment of Zoning Ordinance		\$1,000.00
	<input type="checkbox"/> Preliminary Plan Review (Review; Public Hearing; Notices; Rezoning; Draft Development Agreement)	\$3,050.00	<input type="checkbox"/> Map Amendment /Rezoning		\$1,500.00
	<input type="checkbox"/> Final Plan Review (Site Plan Review; Development Agreement; Zoning Map Amendment)	\$2,000.00	<input type="checkbox"/> Escrow (minimum) (Attorney Fees and Associated Costs)		\$500.00 (minimum)
	<input type="checkbox"/> Amendment to an Approved Final Site Plan	\$1,200.00			
	Related Case No: (Previously assigned) _____	<input type="checkbox"/> Additional Reviews	\$500.00	Total Fee:	
			Total Escrow:		
General Description of Request:					

APPLICANT INFORMATION (MUST HAVE LEGAL INTEREST IN PROPERTY)

Last Name		First		M.I.		
Street Address						
City		State		Zip		
Phone		Fax		E-mail Address		
Own the Property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have offer to purchase property? (attach purchase agreement)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Lease the Property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Lease Term: _____ years	With Option?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other property interest (e.g. architect, attorney, et.)						

PROPERTY OWNER INFORMATION (IF OTHER THAN APPLICANT)

Last Name		First		M.I.	
Street Address					
City		State		Zip	
Phone		Fax		E-mail Address	
Signature of Owner:					

ARCHITECT CONTACT INFORMATION					
Last Name		First		M.I.	
Street Address					
City		State		Zip	
Phone		Fax		E-Mail Address	
Relationship to Applicant:					
ENGINEER CONTACT INFORMATION					
Last Name		First		M.I.	
Street Address					
City		State		Zip	
Phone		Fax		E-Mail Address	
Relationship to Applicant:					

PLACEMENT ON THE AGENDA

In order to be considered at an upcoming meeting, this application and all required documents must be submitted to the Planning Department by the established "cut-off" date for the next regular meeting of the Planning Commission. Only complete applications will be processed. For a list of the requirements, please refer to the Site Plan Review Checklist available on the Township's website at www.hartlandtwp.com and at the Township Planning Department.

Some applications require public hearings. Notification will be distributed by the Township pursuant to state law and local ordinance.

The applicant or representative must be present at the meeting(s).

APPLICANT SIGNATURE

The applicant acknowledges that he/she has the sole responsibility of complying with the requirements of any applicable Hartland Township Ordinance notwithstanding the signature or approval of any employee(s) or official(s) of Hartland Township and that Hartland Township is not bound to recognize the approval of other action of any such employee(s) or official(s) which is not in compliance with any applicable Hartland Township Ordinance.

Signature of Applicant: _____ **Date:** _____

Treasurer's Office (Official Use Only)	Taxes & Water Bills
This application is valid when signed by the cashier at the Treasurer's Office confirming payment of fees as noted. Account Number: 101-000-622.000 (Application) _____ Account Number: 702-000-290.000 (Escrow) _____ Receipt Number: _____	<input type="checkbox"/> Paid In Full <input type="checkbox"/> Not Paid In Full Amount Owed \$ _____ _____ Treasurer's Authorized Signature _____ Date