

OFFICE OF THE PLANNING DIRECTOR
Troy Langer

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 Matthew Germane
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APPLICATION FOR SITE PLAN AND SPECIAL USE PERMIT

Property Address:			Development Name:	
Parcel Identification Number:			Zoning of Parcel:	
Application Request Date: <hr/> Related Case No: (Previously assigned) <hr/>	<input type="checkbox"/> Preliminary Site Plan Review (where required or requested)	\$1,600.00	<input type="checkbox"/> Public Hearing (Requested by Applicant or Planning Commission)	\$ 450.00
	<input type="checkbox"/> Final Site Plan Review	\$2,000.00	<input type="checkbox"/> Special Use Permit (includes Site Plan Review)	\$2,750.00
	<input type="checkbox"/> Final Site Plan Review with Preliminary Plan Approval	\$1,200.00	<input type="checkbox"/> Escrow (Site Condo, Easements or as determined by Zoning Administrator)	\$ 500.00 (minimum)
	<input type="checkbox"/> Amendment to an Approved Final Site Plan	\$1,200.00		
	<input type="checkbox"/> Administrative/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	
<p>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.</p> <p>Some applications require public hearings. Notification will be distributed by the Township pursuant to state law and local ordinance.</p> <p>The applicant or representative must be present at the meeting(s).</p>	
APPLICANT SIGNATURE	
<p>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.</p>	
<p>Signature of Applicant: _____ Date: _____</p>	
Treasurer's Office (Official Use Only)	Taxes & Water Bills
<p>This application is valid when signed by the cashier at the Treasurer's Office confirming payment of fees as noted.</p> <p>Account Number: 101-000-622.000 (Application) _____</p> <p>Account Number: 702-000-290.000 (Escrow) _____</p> <p>Receipt Number: _____</p>	<p><input type="checkbox"/> Paid In Full</p> <p><input type="checkbox"/> Not Paid In Full Amount Owed \$ _____</p> <p>_____</p> <p>Treasurer's Authorized Signature</p> <p>_____</p> <p>Date</p>