

File #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**CHARTER TOWNSHIP OF LYON  
APPLICATION FOR EXTENSION OF APPROVAL**

**NOTICE TO APPLICANT:** Applications for Extension of Approval must be submitted to the Township *in substantially complete form* at least twenty-one (21) days prior to the Planning Commission's meeting at which the proposal will be considered. The application must be accompanied by the data specified in the Zoning Ordinance and Site Plan Review Guidelines, including fully dimensioned site plans, plus the required review fees. Regular meetings of the Planning Commission are held on the second Monday of the month at 7:00 p.m. All meetings are held at the Lyon Township Hall, 58000 Grand River Avenue, New Hudson, Michigan, 48165. Phone number: 248-437-2240. Fax number: 248-437-2336.

---

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request Extension of Approval and provide the following information to assist in the review:

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner(s) (if different from Applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Legal Interest in Property: \_\_\_\_\_

---

**LOCATION OF PROPERTY:**

Street Address: \_\_\_\_\_

Nearest Cross Streets: \_\_\_\_\_

Sidwell Number: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

If all or part is a recorded plat, provide lot numbers and subdivision name. If all or part is a condominium, provide unit numbers and condominium name. If all or part of the property is not part of a recorded plat (i.e., "acreage parcel"), provide metes and bounds description. Attach separate sheets, if necessary.

---

---

---

Property Size (Square Feet): \_\_\_\_\_ (Acres): \_\_\_\_\_

**EXISTING ZONING** (please check):

- |                                                                    |                                                              |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> New Hudson Zoning District                | <input type="checkbox"/> B-1 New Hudson Development District |
| <input type="checkbox"/> R-1.0 Residential – Agricultural District | <input type="checkbox"/> B-2 Community Business District     |
| <input type="checkbox"/> R-0.5 Single Family Residential District  | <input type="checkbox"/> B-3 General Business District       |
| <input type="checkbox"/> R-0.3 Single Family Residential District  | <input type="checkbox"/> I-1 Light Industrial District       |
| <input type="checkbox"/> RM-1 Suburban Township District           | <input type="checkbox"/> I-2 General Industrial District     |
| <input type="checkbox"/> RM-2 Multiple Family Residential District | <input type="checkbox"/> P-1 Vehicular Parking District      |
| <input type="checkbox"/> MHP Mobile Home Park District             | <input type="checkbox"/> PD Planned Development District     |
| <input type="checkbox"/> O-1 Office District                       | <input type="checkbox"/> RO Research Office                  |

Date of Previous Approval: \_\_\_\_\_

Explain actions that have been taken to further development on the site since previous approval:

**PROFESSIONALS WHO PREPARED PLANS:**

A. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Design Responsibility (engineer, surveyor, architect, etc): \_\_\_\_\_

B. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Design Responsibility: \_\_\_\_\_

C. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Design Responsibility: \_\_\_\_\_

---

**ATTACH THE FOLLOWING:**

1. Six (6) individually folded copies of the site plans, sealed by a registered architect, engineer, landscape architect, or community planner. Contact the Township Planner to determine if full sets of plans are required.
2. A PDF file of the site plan.
3. Proof of property ownership (title insurance policy or registered deed with County stamp).
4. Review comments or approval received since the previous approval from county, state, or federal agencies that have jurisdiction over the project.

**PLEASE NOTE:** The applicant, or a designated representative, **MUST BE PRESENT** at all scheduled meetings, or the review may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of the extension or to revoke any permits granted subsequent to the approval.

---

**APPLICANT'S ENDORSEMENT:**

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Planning Commission will not review my application unless all information in this application and the Zoning Ordinance has been submitted. I further acknowledge that the Township and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this site plan application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature of Property Owner Authorizing this Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Name (Print)

<b>TO BE COMPLETED BY THE TOWNSHIP</b>		Case #: _____
Date Submitted: _____		Fee Paid: _____
Received By: _____		