

File #: _____

Date Submitted: _____

CHARTER TOWNSHIP OF LYON
APPLICATION FOR SUBDIVISION OR SITE CONDOMINIUM APPROVAL

NOTICE TO APPLICANT: Applications for approval of a subdivision or site condominium must be submitted to the Township *in substantially complete form* at least twenty-eight (28) days prior to the Planning Commission meeting at which the proposal will be considered. The application must be accompanied by the data requirements specified in the Subdivision Ordinance, including fully dimensioned plans or plats, plus the required review fees. 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 consideration of my (our) subdivision or site condominium proposal 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: _____

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):

- R-1.0 Residential – Agricultural District
- R-0.5 Single Family Residential District
- R-0.3 Single Family Residential District
- RM-1 Suburban Township District
- RM-2 Multiple Family Residential District
- MHP Mobile Home Park District
- PD Planned Development District
- MU Mixed Use District
- CJ Consent Judgment
- P-1 Vehicular Parking District
- B-2 Community Business District
- B-3 General Business District
- NH New Hudson Business District
 - Core
 - Edge
 - Neighborhood
- I-1 Light Industrial District
- I-2 General Industrial District
- RO Research Office
- O-1 Office District

Present Use of Property: _____

Total Number of Lots or Condominium Units Proposed: _____

Proposed Land Use (specify the number of acres to be allocated to each use):

Land Use	Acreage	Percent of Total Area
Within boundaries of proposed lots		
Road right-of-way		
Open space		
Stormwater detention or retention		
Wetlands		

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 plans, sealed by a registered architect, engineer, landscape architect, or community planner, plus six (6) copies of other required documentation.
2. A PDF file of the plans.
3. Proof of property ownership (title insurance policy or registered deed with County stamp).
4. Review comments or approval received from county, state, or federal agencies that have jurisdiction over the project, including, but not limited, to:

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Road Commission for Oakland County | <input type="checkbox"/> Oakland County Water Resources Commission |
| <input type="checkbox"/> Oakland County Health Division | <input type="checkbox"/> Mich. Dept. of Natural Resources & Environment |
| <input type="checkbox"/> Michigan Department of Transportation | <input type="checkbox"/> Michigan Department of Environmental Quality |

PLEASE NOTE: The applicant or a designated representative **MUST BE PRESENT** at all scheduled review meetings, or the case 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 this application or to revoke any permits granted subsequent to approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that my application will not be reviewed unless all information required in this application and the Zoning Ordinance and Subdivision 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.

Additionally, I hereby authorize the employees and representatives of Lyon Township to enter upon and conduct an inspection and investigation of the above-referenced property.

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)

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