

ENGINEERING REVIEW APPLICATION

LYON TOWNSHIP, MI

DATE OF SUBMITTAL: _____

NAME OF PROJECT: _____

ADDRESS OF PROJECT: _____

PROJECT AREA (IN ACRES): _____ SIDWELL(S): _____

NAME OF DEVELOPER: _____

ADDRESS OF DEVELOPER: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT'S E-MAIL: _____

NAME OF ENGINEER: _____

ADDRESS OF ENGINEER: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT'S E-MAIL: _____

PROPERTY OWNER NAME (IF DIFFERENT THAN DEVELOPER): _____

OWNER ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

ONE SET OF PLANS SHALL BE SUBMITTED ALONG WITH THIS APPLICATION TO THE TOWNSHIP BUILDING DEPARTMENT. THE PLANS MUST BE PREPARED IN ACCORDANCE WITH ALL TOWNSHIP STANDARDS AND ORDINANCES. ANY VARIANCE FROM THESE STANDARDS SHALL BE DESCRIBED IN WRITING AND SUBMITTED WITH THIS APPLICATION FOR REVIEW.

PROJECT REVIEW FEE

REVIEW FEE IS BASED ON 1.5% (FOR THE FIRST TWO REVIEWS, EACH SUBSEQUENT REVIEW IS 0.6% OF THE ESTIMATED COST OF CONSTRUCTION) OF THE ESTIMATED COST OF INSTALLING THE FOLLOWING: PAVING, GRADING, STORM SEWER/DETENTION/RETENTION, WATER MAIN, SANITARY SEWER, FRANCHISE UTILITIES, ETC. **PLEASE SUBMIT A DETAILED COST ESTIMATE OF CONSTRUCTION ALONG WITH THIS SIGNED APPLICATION AND A DISC WITH PLANS IN PDF.** THE COST ESTIMATE SHALL BE REVIEWED AND APPROVED BY THE TOWNSHIP ENGINEER PRIOR TO THE REVIEW BEING COMPLETED.

THE MINIMUM REVIEW FEE IS \$600.00.

TOTAL ESTIMATED COST OF CONSTRUCTION: _____ X 1.5% =

REVIEW FEE: _____ (Please round to the nearest dollar)

CHECKS FOR REVIEW FEES ARE MADE PAYABLE TO THE CHARTER TOWNSHIP OF LYON. ALL REVIEW FEES ARE DEPOSITED INTO AN ESCROW ACCOUNT. UNUSED FEES WILL BE REFUNDED TO THE APPLICANT ONCE FINAL APPROVAL HAS BEEN GRANTED. IF THE ACCOUNT IS DEPLETED, ADDITIONAL FEES WILL BE REQUIRED PRIOR TO SUBSEQUENT REVIEWS.

DEVELOPER'S SIGNATURE: _____ DATE: _____

ENGINEER'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

TOWNSHIP PROJECT NUMBER: _____ CES PROJECT NUMBER: _____

DATE OF SITE PLAN APPROVAL: _____

TOWNSHIP REPRESENTATIVE SIGNATURE: _____

DATE: _____

PLANS RECEIVED (1 SET) _____ REVIEW FEE CHECK _____ COST ESTIMATE _____