

File #: _____

Date Submitted: _____

CHARTER TOWNSHIP OF LYON
APPLICATION FOR ADMINISTRATIVE REVIEW

NOTICE TO APPLICANT: Applications for an Administrative Review must be submitted to the Township *in substantially complete form*, including the required fees, prior to the application being reviewed. Submit applications to Lyon Township, 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 an Administrative Review 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"/> 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"/> NH New Hudson Business District |
| <input type="checkbox"/> RM-1 Suburban Township District | <input type="checkbox"/> Core |
| <input type="checkbox"/> RM-2 Multiple Family Residential District | <input type="checkbox"/> Edge |
| <input type="checkbox"/> MHP Mobile Home Park District | <input type="checkbox"/> Neighborhood |
| <input type="checkbox"/> PD Planned Development District | <input type="checkbox"/> I-1 Light Industrial District |
| <input type="checkbox"/> MU Mixed Use District | <input type="checkbox"/> I-2 General Industrial District |
| <input type="checkbox"/> CJ Consent Judgment | <input type="checkbox"/> RO Research Office |
| <input type="checkbox"/> P-1 Vehicular Parking District | <input type="checkbox"/> O-1 Office District |

Present Use of Property: _____

Proposed Use of Property: _____

Is the property located within a Wellhead Protection Area? _____ Yes _____ No

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. If deemed necessary by the Township Planner, the plans shall be sealed by a registered architect, engineer, landscape architect, or community planner.
2. A PDF file of the site plans (only required if the hard copies submitted of the site plan are larger than 11" x 17")
3. A brief written description of the existing and proposed uses, including where applicable, but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.
4. Proof of property ownership (title insurance policy or registered deed with County stamp).
5. Review comments or approvals received from other 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: Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a site plan application or to revoke any permits granted subsequent to the site plan approval.

APPLICANT'S ENDORSEMENT:

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that Lyon Township 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.

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: _____		