



CHARTER TOWNSHIP OF PORT HURON

SKETCH PLAN REVIEW APPLICATION

For Planning Commission Review on Existing Sites

★ ALL INFORMATION & FEES MUST BE SUBMITTED A MINIMUM OF 4 WEEKS (28 days) IN ADVANCE OF THE NEXT SCHEDULED PLANNING COMMISSION MEETING.
 Planning Commission Meetings are generally held the 2nd Thursday of every Month

<input type="checkbox"/> Sketch Plan Review \$450.00 For PC Meeting with no other agenda items	Date Submitted: _____ { } Paid Planning: \$ _____ 372000619000
<input type="checkbox"/> Sketch Plan Review \$150.00 For a regular held PC meeting with additional scheduled agenda items. Including notice to 300 feet surrounding Properties for Livestock Review	Project #: _____

Applicant Information (Must have a legal interest in the property):

Representative/ Owner
 Purchaser – Option with Purchase Agreement
 Tenant / Lessee
 Purchaser – Land Contract

Name: _____ Bus/Org Name: _____

Address: _____ City/State/Zip: _____

Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

All information contained herein is true and accurate to the best of my knowledge. I acknowledge that the Charter Township of Port Huron will not review my application unless all information required in this application has been submitted. Further I grant permission for representatives of Port Huron Township to enter the property described in this application for the purpose of gathering information related to this application and agree that they will not be held liable for claims resulting from the processing of this request. I agree that I will be responsible for any and/or all fees assessed or incurred for the review and processing of the request, including possible Engineering, Building and/or other necessary reviews if required. **Note: The Applicant or a designated representative MUST BE PRESENT** at all scheduled review meetings or the proposed action may be tabled due to lack of representation.

Signature of Applicant: _____ **Date:** _____

Property Information:

Address / Location of Subject Property: _____

Parcel # of Subject Property: 74-28-____ - ____ - ____ Current Zoning Designation: _____ Property Area (square ft. & acres): _____

Present Use of Property: _____ Legal Description (attach separate sheets if necessary): _____

Brief Description of Proposed Activity (attach separate sheets if necessary): _____

Property Owner Address & Information; (Must be completed by owner of property)

Name of Property Owner: _____

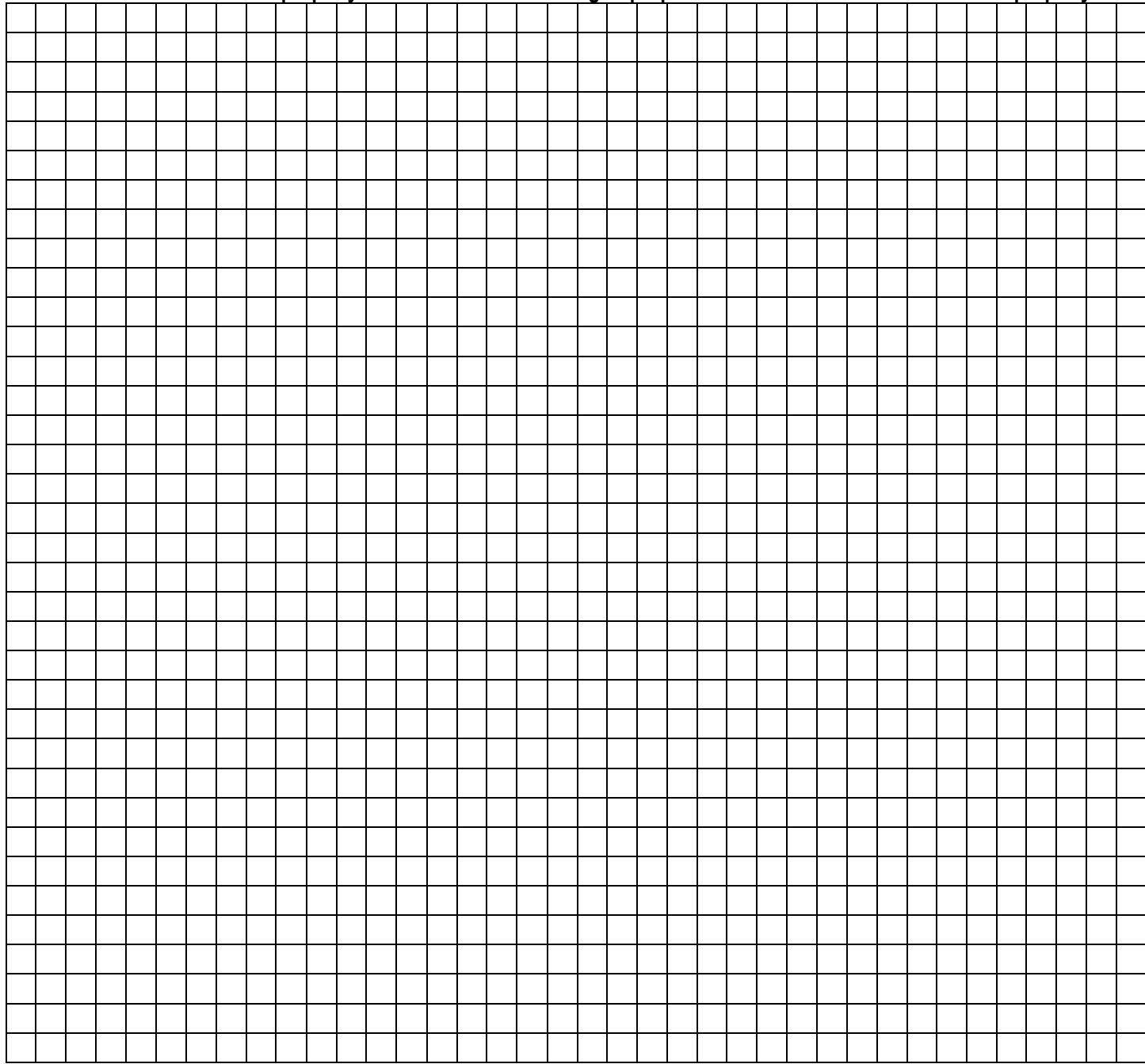
Address: _____ City/State/Zip: _____

Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

The undersigned hereby affirms and acknowledges that they are the owner(s) of the property described in the application and are aware of the contents of the application. Further I grant permission for representatives of Port Huron Township to enter the property described in this application for the purpose of gathering information related to this application and agree that they will not be held liable for claims resulting from the processing of this request. I understand that any and/or all fees that are not paid for may/will ultimately be assessed against the property or reflected in the form of a lien on the above property. **I also hereby authorize the applicant to submit the application or if representing myself agree to sign as the Applicant also, and represent the undersigned in the matter being reviewed by the Charter Township of Port Huron.**

Signature of Owner: _____ **Date:** _____

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Provide a Sketch below of the property and all structures existing or proposed and distance between and to all property lines.



TO BE COMPLETED BY THE TOWNSHIP OF PLANNING COMMISSION:

Findings of Fact: _____

Action Taken by: Approved: _____ Approved W/Conditions: _____ Tabled: _____ Date: _____

Presiding Chairman: _____ Member: _____

Conditions: _____
