



CHARTER TOWNSHIP OF PORT HURON

PLANNING COMMISSION SITE PLAN REVIEW

Special Use & Rezoning Application

★ ALL INFORMATION & FEES MUST BE SUBMITTED A MINIMUM OF 28 DAYS IN ADVANCE OF THE MEETING.
 Planning Commission Meetings are generally held the 1st Thursday of every Month

<input type="checkbox"/> Base Site Plan Fee (\$450.00)* <input type="checkbox"/> Special Approval Use: SPR Fee & Additional (\$500.00) <input type="checkbox"/> Rezoning (\$1,000.00) <input type="checkbox"/> Special Meeting: Above Fees & Additional (\$250.00) <input type="checkbox"/> Paid Planning 372000619000 \$ _____ <small>*Sketch Plan Review – See Separate Application</small>	Escrow Deposits - Engineering <input type="checkbox"/> Preliminary Eng. SPR (Min. \$1,000.00 + \$80.00 acre) <input type="checkbox"/> Eng. Const. Cost Review (Min. \$500.00 + per fee schedule) <input type="checkbox"/> Engineering Insp. Fees' (Min. \$1,000.00 + per fee schedule) <input type="checkbox"/> Paid Engineering 101000225000 \$ _____	Date Submitted: _____ Fee \$ Paid: _____ Project #: _____ Public Hearing Date: _____ Publication Date: _____
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Applicant Information (Must have a legal interest in the property):

- | | | |
|--|---|--|
| <input type="checkbox"/> Representative/ Owner | <input type="checkbox"/> Purchaser – Option or Purchase Agreement | <input type="checkbox"/> Purchaser – Land Contract |
| <input type="checkbox"/> Tenant / Lessee | <input type="checkbox"/> Developer / Contractor | <input type="checkbox"/> Engineer / Architect |

Name: _____ Bus/Org Name: _____
 Address: _____ City/State/Zip: _____
 Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____
 E-mail: _____ Other Phone #: (____) _____

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: _____ Requested Zoning: _____
 Property Area (square ft & acres): _____ Nearest Cross Streets: _____
 Present Use of Property: _____ Proposed Use of Property: _____
 Legal Description (attach separate sheets if necessary): _____

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

Note: The Applicant or a designated representative should be present at all scheduled review meetings or the proposed action may be tabled or denied due to lack of representation. Please attach the Following:

- Must be Submitted in Complete form NO Later than Twenty-Eight (28) Days in advance of the meeting date.
- A Digital Submittal Copy and Five (5) hard copies of the plan documents sealed by a registered architect, engineer, landscape architect or community planner. (Sketch Plans may be exempt from the requirement for a seal).
- A Complete Written description of the existing and proposed uses, including but not limited to: hours of operation, number of employees on largest shift, number of company vehicles, etc.... Based on the Ordinance Section Requirements.
- Planning Commission Fees and Escrow Deposit for Site Plan and Possible Engineering Review Fees

Reviews from County, State or Federal Agencies that may have jurisdiction, including but not limited to:

- | | | |
|--|--|--|
| <input type="checkbox"/> St. Clair County Road Commission | <input type="checkbox"/> MI Dept. of Licensing & Regulations | <input type="checkbox"/> Bond Type_____ |
| <input type="checkbox"/> St. Clair County Drain Commissioner | <input type="checkbox"/> MI Dept. of Natural Resources (DNR) | <input type="checkbox"/> Proof of Property Ownership |
| <input type="checkbox"/> St. Clair County Health Department | <input type="checkbox"/> U.S. Army Corps of Engineers | <input type="checkbox"/> All Taxes are paid |
| <input type="checkbox"/> Engineering or Staff Review | <input type="checkbox"/> MI Department of Transportation | <input type="checkbox"/> Misc._____ |

If any of the above items are not submitted, paid for, or missing A signature The Application will be considered as incomplete and will NOT be accepted.

Owner of the Property Information: (Must be completed by owner of property):

Name of Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (_____) _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

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: _____

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: _____