

**CASNOVIA TOWNSHIP**  
 245 S. Canada Rd.  
 Casnovia, MI 49318  
 Phone (616)675-4064 Fax (616)675-5611

**SITE PLAN REVIEW APPLICATION**

**Note:** Eight (8) copies of a **Site Plan** containing all the information required by Article 19, **Section 19.02** of the Zoning Ordinance and a completed copy of this application must be submitted to the Township Zoning/Planning Dept..

Date: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parcel Number(s):** **61-13-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Zone District:**     A-1     A-2     R-1     R-2     R-3     C-1     I-1

- \_\_\_ Informal Pre-application Review. (*Preliminary Review and Discussion Only*) **No Fee**
- \_\_\_ Formal Site Plan Review. **Application Fee: \$250.00**
- \_\_\_ Review Fee: \_\_\_\_\_ (to be placed in an escrow account). Additional charges may be assessed the applicant if it is determined by the Zoning Administrator or Planning Commission that further professional review is needed to facilitate the application.

**Type of Development:**

- RESIDENTIAL**             **COMMERCIAL**             **INDUSTRIAL**
- SAND AND GRAVEL MINING**             **MANUFACTURED HOUSING**
- WIRELESS COMMUNICATION TOWER**

**Project Name (if any):** \_\_\_\_\_

**Current use of property:** \_\_\_\_\_

This Site Plan Review is requested for the following project:

- New residential housing development \_\_\_\_\_
- New building / other structure(s): \_\_\_\_\_
- New use (specify): \_\_\_\_\_
- Change in existing structure or use:
  - Change is accompanied by an increase in the exterior dimensions of a building.
  - Change in use is one in which the minimum parking spaces required for the use increases by more than 10%.
  - Change is from residential to nonresidential use.

**Continued**

**APPLICANT:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Fax: \_\_\_\_\_

**Property owner(s):** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Engineer / Architect:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Fax: \_\_\_\_\_

**Affidavit.** Please read carefully prior to signature below.  
*By signing this application, I certify that I am the property owner or an authorized agent of the property owner and that all information submitted with this application is accurate and true to the best of my knowledge. I agree to abide by all local, county, and state codes and regulations. I hereby give my permission to Township staff, elected and appointed officials, to enter the property for needed inspections related to this application. I understand and agree to pay the Township expenses for review of the application and any other related expenses.*  
Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Print)

Applicant Signature: \_\_\_\_\_

<b>FOR TOWNSHIP USE ONLY</b>	
Date the complete application received: _____	
Application Fee and Review Fee paid: _____	
Planning Commission Meeting Date _____	
_____ Site Plan Approved	_____ Site Plan Denied
Comments: _____	
_____	
_____	
_____	
_____	_____
Zoning Administrator / Township Official	Date