

9461 BLUE STAR HIGHWAY
P.O. BOX 100
SAUGATUCK, MI 49453
info@saugatucktownshipmi.gov
PHONE (269) 857-7721
www.saugatucktownshipmi.gov

## ADMINISTRATIVE PLAN REVIEW APPLICATION & REQUIREMENTS

See Schedule II of the Saugatuck Township Consolidated Fee Schedule for appropriate application fees.

Applicant should complete all of the following information, sign and return the form to the Saugatuck Township Zoning Administrator either in person, by mail, or by email: <a href="mailto:LWells@saugatucktownshipmi.gov">LWells@saugatucktownshipmi.gov</a>

Land developers, engineers, surveyors, and architects and others seeking amendment of Subdivisions, Site Condominiums, PUDs, and Site Plan Review from the Saugatuck Township Planning Commission, this letter will be an attachment to all applications requesting the review of any of the above development projects which requires approval from the Planning & Zoning Administrator before beginning construction. Please submit the following:

- 1 Application form and narrative on 8.5" x 11" paper. Narrative should address all zoning review criteria for the applicable project
- 1 Site Plans on 11" x 17" paper
- 1 Site Plan on 24" x 36" paper
- 1 digital copy of all materials

Collated and clipped applications with completed site plan and other required plans such as landscaping, lighting, and drainage must be included in the submittal to be considered complete should those plans be changing.



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## **ADMINISTRATIVE** PLAN REVIEW APPLICATION & REQUIREMENTS Applicant information

Name			
Mailing Address			
Telephone			
Email			
Person in charge of project			
	<b>Property information</b>		
Address			
Parcel #	Acreage	Acreage	
Current Zoning		Conforming use? Yes □ No □	
Other action required?			
Type of improvement (check as many	as possible):		
$\square$ New Building $\square$ Addition $\square$ Alterat	ion □ Change of Use □ Multi-Family □ Sc	hool □ Church	
☐ Recreational Facility ☐ Cemetery ☐	☐ Utility ☐ Public Service ☐ PUD ☐ Special	. Land Use □ Amendment	
☐ Other (describe)			
Engineer or Surveyor information:			
Name	Address		
	State		
	License#		
Email:			
State proposed use of property:			
Provide a Brief narrative describing that a. The overall objectives of the b. Types and size of structure c. Timetable regarding stage.	ne proposed development	ance.	
The Saugatuck Township Consolidat	ted Fee Schedule can be viewed here. <u>Fee</u>	<u>Schedule</u>	
I have read and agree to Saugatuck 1	Township Code of Ordinance, Chapter 40,	Article IX Site Plan Review.	
Applicant Signature	Date		



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Applications accepted per the submitted deadlines found on the Township's website. By signing this application, I agree to pay all applicable fees and costs associated with the site plan review process as detailed on the reverse of this application. I hereby authorize the Saugatuck Township staff to inspect the proposed site at their discretion.

Applicant Signature		Date
For Office Use: Date Recorded		Fee Recorded
Fee Amount \$	Hearing Date	Remarks
Conditions		

Saugatuck Township Planning & Zoning Administrator

Fee Policy – Added at all the pertinent non-refundable fees set for the in the Consolidated Fee Schedule will be the actual cost of planner, engineer, attorney, or other consultant in attendance, and any special reports or special reviews. An escrow fund may be established at the beginning of the project based upon reasonable anticipated costs for such consultants. These costs must be paid whether the project is approved or denied. Any portion of the fund not used for the above purpose will be refunded at the completion of the review process.