

SITE PLAN REVIEW APPLICATION

APPLICATION INSTRUCTIONS & REQUIREMENTS

Refer to the Saugatuck Township Consolidated Fee Schedule for applicable fees.

Submission Process:

Complete the required information, sign the form, and submit it to the Saugatuck Township Zoning Administrator, Lynee Wells by:

- In Person
- By Mail
- By Email: lwells@saugatucktownshipmi.gov

For Land Developers, Engineers, Surveyors, and Architects:

For Subdivisions, Site Condominiums, PUDs, or Site Plan Reviews, this letter must accompany your application. Approval from the Planning & Zoning Administrator is required before construction. A preapplication meeting with the Zoning Administrator and Planner is recommended.

Submission Requirements:

- 10 copies of the completed application form and narrative on 8.5" x 11" paper, addressing all zoning review criteria.
- 9 copies of the site plan on 11" x 17" paper.
- 1 copy of the site plan on 24" x 36" paper.
- 1 digital copy of all materials.

Include required plans such as landscaping, lighting, and drainage if changes are proposed. Ensure materials are collated and clipped for completeness.

Email or transmit all materials to the Fire District and Township Engineer by the posted deadline. Resubmissions must follow the same process and meet deadlines.

Narrative Requirements: Provide a brief narrative describing:

- Project objectives
- Types and sizes of proposed structures
- Project timeline, including stages and completion date
- Any additional information for the Planning Commission

AGREEMENT

I have read and agree to Saugatuck Township Code of Ordinance, Chapter 40, Article 14 Site Plan Review. 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 also authorize the Saugatuck Township Planning Commission members and Township staff to inspect the proposed site at their discretion.

Applicant Signature	Date	



SITE PLAN REVIEW APPLICATION

APPLICANT INFORMATION					
Contact Name:					
Address:					
City	State	Z	Zip Code		
Email:					
ENGINEER OR SURVEYOR INFORMATION		••••••			
Business Name:					
Contact Name:					
Address:					
City	State		Zip Code		
Email:	Phone:				
PROPERTY INFORMATION		•••••	•••••		
Parcel Number:	Acreage:				
Physical Address:					
Current Zoning:	Conforming use? Yes No				
Other action required?					
Type of improvement (check as many as possible):					
New Building Addition Alteration	Change	of Use (Multi-Family	School	
Church Recreational Facility Cen	netery	Utility	Public Service	PUD	
Special Land Use Amendment Othe	er (describe):				
State proposed use of property:					

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