



City Staff Use Only	Project Name _____
	Project Number _____
	Review Fee Paid _____
	Escrow Fee Paid _____

APPLICATION TO: **PLANNING COMMISSION** **ZONING BOARD OF APPEALS**

224 W Buffalo St, New Buffalo, MI 49117 City Hall: 269-469-1500 Building Dept: 269-469-7144 Facsimile: 269-469-7917

Instructions: Fill-in all blanks and 'X' applicable boxes (). Incomplete applications cannot be processed.

I. Applicant and Owner Information

A) Applicant(s) principal contact:

Name _____

Address _____

Telephone _____

E) Property owner(s) principal contact:

Name _____

Address _____

Telephone _____

B) Applicant(s) secondary contact:

Name _____

Address _____

Telephone _____

F) Architect (if applicable):

Name _____

Address _____

Telephone _____

C) Agent or Attorney (if applicable):

Name _____

Address _____

Telephone _____

G) Engineer (if applicable):

Name _____

Address _____

Telephone _____

D) Is the property held in Trust*:

Yes - Answer below No - Skip below

Name of Trust _____

Address _____

Telephone _____

H) Applicant is (check one):

Property owner

Attorney

Agent

Engineer

Other: _____

* Trusts: Provide an attached statement from the trustee verifying the names of all the beneficial owners.

III. Site and Surrounding Property Information

A) Common address or property location of subject property:

B) Legal description (attach an additional sheet if necessary):

C) Permanent Real Estate Tax Identification Number: _____

D) Parcel Size: _____ Square feet
_____ Acres
_____ Dimension of lot frontage
_____ Dimension of lot depth

E) What are the current land uses and zoning on the property and the adjoining properties:

	Current zoning	Current land use
1. On Site:	_____	_____
2. Adjoining property:		
a) North of Site	_____	_____
b) South of Site	_____	_____
c) East of Site	_____	_____
d) West of Site	_____	_____

F) Describe any existing structures or other improvements and physical attributes of the site:

IV. Description of the Proposed Development

A) Please describe the proposed use of the land and/or building assuming approval of the request:

B) What is the proposed time frame for the build-out of this development: _____

C) For each intended use please fill-in the number of buildings, square footage of each building, the total square footage of the development, and the required number of parking spaces; as well as the number and size of the water and the sewer connections:

Building Use	Number of Buildings	Building Area (sq ft)	Total Building (sq ft)	Required Parking Spaces	Water Connections and Sizes	Sewer Connections and Sizes
Single Family R-1						
Two Family R-2						
Mufti-Family R-3						
Central Business CBD						
Gen. Commercial GCD						
Waterfront Marina WM						
General Industrial I-1						
TOTAL						

D) If this application is for a development please provide information concerning the amount of traffic and the proposed road configuration it will have:

- 1) Average daily traffic count for the proposed development: _____
- 2) Peak traffic flow count for the proposed development: _____
- 3) How many lineal feet of roadway is proposed to be developed: _____
- 4) How many cul-de-sacs will be constructed as part of this project: _____
- 5) How many curb cuts to City, County or State roads are proposed: _____

E) Does the request contemplated in this application concern any hazardous materials:
 No Yes – describe the type and quantity of materials (attach extra pages if necessary):

V. Attachments

- A) _____ Plat of Survey with legal description.
- B) _____ Site plan of proposed use of project showing traffic patterns, parking locations and court, drainage patterns including detention areas, landscaping plans, exterior lighting locations and illumination pattern, building facade portrait and building size and location dimensions.
- C) _____ Floodplain map (engineer's drawing or FEMA map showing location of subject property).
- D) _____ Application fee in the amount of \$ _____.
- E) _____ High Risk Dune Area Designation and/or Soil Conservation Analysis (if applicable).
- F) _____ Application for permits (specify type):
 - 1) Michigan DOT _____
 - 2) County Road Commission _____
 - 3) County Health Department _____
 - 4) State Dept. of Public Health _____
 - 5) Michigan DEQ _____
 - 6) Others _____
- G) _____ Sand Dune Permit for Construction (if applicable).

VI. Additional Information - Please describe the reasons this petition should be granted and include any additional comments or pertinent information (attach additional pages if necessary):

VII. Signature and Declaratory Statement

A) Required attendance at public hearing(s) and/or meeting(s): The Planning Commission and Zoning Board of Appeals (ZBA) have established a policy requiring the applicant or a designated representative of the applicant to be present at any meeting or public hearing at which their application is to be considered. Failure of the applicant or designee of the applicant to appear may postpone consideration of the application by the Planning Commission or ZBA.

B) Declaratory Statement:

I, _____, hereby certify that all information contained in this application and accompanying documentation is true and correct to the best of my knowledge and further, I acknowledge the required attendance of the applicant as set forth in paragraph A above. I furthermore grant permission for identified members of the City of New Buffalo's Planning Commission or Zoning Board of Appeals to visit the site(s) referenced in this application.

C) Applicant Signature: _____ Date: _____

D) Notary Public Certification Statement:

I, _____, Notary Public in and for the State of Michigan this _____ day of _____, 2008 the above captioned applicant appeared before me and under oath, stated that all matters contained in this application are true.

My commission expires: _____

VIII. City Staff Review

A) Fire Department approval of Site and Building Plans, except for single family dwellings: This application and associated documentation must be reviewed by the Fire Chief or his designee, which can be arranged by calling the Fire Department: 269-469-4993.

Review Date: _____

Approval: Yes No Signature: _____

Conditions: Attached None Title: _____

B) Note to applicant: The original application must be filed in the Office of the Zoning Administrator, were the following signatures are required for verification that this is a complete and valid application to be considered by the Planning Commission or the Zoning Board of Appeals.

Building Inspector: _____ Date: _____

Zoning Administrator: _____ Date: _____

Initial meeting date: _____