

SITE PLAN REVIEW APPLICATION

Fee \$ _____ * Rec'd Date: _____
(*without public hearing-\$210; with public hearing-\$330, subj. to change)
Site Plan review date with Planning Commission: _____
Site Plan review date with City Council: _____

**City of Cheboygan, Michigan
Planning & Zoning Department
430 N. Huron Street, PO Box 39
Cheboygan, Michigan 49721**

**Telephone: 231-627-9931
Fax: 231-627-6351**

PLEASE PRINT

PROPERTY LOCATION

Address	City of Cheboygan, Michigan	Zoning District
<hr/>		
Property Tax I.D. (Parcel) No.	Subdivision or Condo. – Name/Plat or Lot No.	

APPLICANT

Name	Telephone	Fax No.
<hr/>		
Address	City & State	Zip Code

OWNER (if different from applicant)

Name	Telephone	Fax No.
<hr/>		
Address	City & State	Zip Code

Answers to the following questions are REQUIRED for application approval.

PROPOSED WORK (check all that apply)

Type ____ New Building ____ Addition ____ Change in or Additional Use ____ Reconstruction/Remodel ____ Sign, Type: _____ ____ Other: _____	Building/Sign Information Overall Length: _____ feet Overall Width: _____ feet Floor Area: _____ sq. feet Sign Area: _____ sq. feet Overall Height: _____ feet
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PROPOSED USE (check all that apply)

<input type="checkbox"/> Single-Family Residence	<input type="checkbox"/> Commercial
<input type="checkbox"/> Duplex	<input type="checkbox"/> Industrial
<input type="checkbox"/> Multi-Family, # of units _____	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Expansion/Addition	<input type="checkbox"/> Institutional
<input type="checkbox"/> Garage or Accessory	<input type="checkbox"/> Utility
<input type="checkbox"/> Storage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Office	

Has there been a Site Plan or Special Use Permit approved for this parcel before? Yes No
If YES, date of approval: _____ Approved Use: _____

1. Describe IN DETAIL all anticipated activities (include hours of operation, number of employees, number of parking spaces, traffic impacts, etc. Attach additional sheets, if needed.)

- 2. Size of property in sq. feet or acres: _____
- 3. Present use of property: _____
- 4. Attach a copy of Warranty Deed or other proof of ownership.
- 5. Attach a copy of certified Property Survey or dimensioned property land plat.
- 6. Include twenty-four (24) copies of a Site Plan per Section 154.046. **SITE PLAN MUST BE SIGNED.**
- 7. Does property owner give permission for City Planning/Zoning officials to enter property for inspection purposes? Yes No
Owner(s) signature(s): _____

AFFIDAVIT

The undersigned affirms that the information and plans submitted in this Application are true and correct to the best of the undersigned's knowledge.

Applicant's Signature: _____ Date: _____

APPROVALS:

By: City of Cheboygan Planning Commission on _____, 20__

By: City of Cheboygan City Council on _____, 20__

(Signature – Zoning Administrator) Date: _____