



215 WEST MAIN STREET \* NORTHVILLE, MI 48167 \* (248) 449-9902

**SITE PLAN APPLICATION**

**TO BE COMPLETED BY APPLICANT**

Name of Sponsor of Development:: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Site Planner:: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Builders License No: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

**LOCATION OF PROJECT**

Property Address: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot No: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Historic District: Yes No (please check)\* IF YES APPLICATION MUST BE MADE TO THE HISTORIC DISTRICT COMMISSION FOR APPROVAL.

**APPLICATION IS FOR**

Preliminary Approval: \_\_\_\_\_ Final Approval: \_\_\_\_\_

I hereby certify that the owner of record authorizes the proposed work and that the owner has authorized me to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
Please PRINT name of applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to owner

\_\_\_\_\_  
Phone #

**TO BE COMPLETED BY THE CITY**

Application Fee: \$ \_\_\_\_\_

Date filed with Building Dept: \_\_\_\_\_ Date submitted to Planning Commission: \_\_\_\_\_

Approval: Date and Signature of Secretary: \_\_\_\_\_

Disapproval: Date and Signature of Secretary: \_\_\_\_\_  
(reason for disapproval attached)

Need 18 or 31\* copies of Site Plan (\* If Historic District Commission approval is needed, copies must be submitted 20 days prior to the Planning Commission meeting)

Conditional Approval: Date and Signature of Secretary: **(conditions of approval attached)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Revised Site Plan submitted: \_\_\_\_\_  
(Date)

**All conditions have been met and the revised Site Plan is in accordance with the conditions of approval attached.**

Revised Site Plan Approved:

\_\_\_\_\_  
(Signature of Building Inspector)

\_\_\_\_\_  
(Date)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THIS PROCESSING FORM, TOGETHER WITH ALL CORRESPONDENCES, IS TO BE ATTACHED TO THE PLANNING COMMISSION'S "OFFICIAL COPY" OF THE SITE PLAN, FORMING A PERMANENT RECORD REGARDING THE PLAN SUBMITTED. THE "OFFICIAL COPY" TOGETHER WITH ALL ATTACHED DATA SHALL BE RETURNED TO THE PLANNING COMMISSION FILES AFTER PROCESSING.**

**NOTE: FAILURE TO SUBMIT PLANS THAT DO NOT ALLOW THE PLANNING COMMISSION TO ADEQUATELY ADDRESS ALL THE CRITERIA PROVIDED FOR THE REVIEW BY THE PLANNING COMMISSION ACCORDING TO ARTICLE 19 OF THE ZONING ORDINANCE AND THE SITE PLAN CHECK LIST SHALL RESULT IN A DELAY TO THE APPLICANT.**

Cashier's Validation

**TYPE AND COST OF BUILDING – All applicants must complete parts A – D**

**A. TYPE OF IMPROVEMENT:**

1. \_\_\_\_\_ New Building
2. \_\_\_\_\_ Addition (If residential, enter number of new housing units added, if any in part D, 13)
3. \_\_\_\_\_ Alteration (see 2 above)
4. \_\_\_\_\_ Repair, replacement
5. \_\_\_\_\_ Demolition (If multi family residential, enter number of units in building in part D, 13)
6. \_\_\_\_\_ Moving (relocation)
7. \_\_\_\_\_ Foundation only

**B. OWNERSHIP**

8. \_\_\_\_\_ Private (individual, corporation, non-profit instruction, etc.)
9. \_\_\_\_\_ Public (Federal, State, or local government)

**C. COST:**

10. \_\_\_\_\_ Cost of Improvement \$ \_\_\_\_\_

To be installed but not included in the above cost:

- a. Electrical \_\_\_\_\_
- b. Plumbing \_\_\_\_\_
- c. Heating, Air Conditioning \_\_\_\_\_
- d. Other (elevator, etc.) \_\_\_\_\_

11. TOTAL COST OF IMPROVEMENT

**D. PROPOSED USE – for “demolition” indicate most recent use**

- |           |   |           |                                |
|-----------|---|-----------|--------------------------------|
| 12. _____ | One Family  | 18. _____ | Amusement, recreational        |
| 13. _____ | Multi Family # of units _____                               | 19. _____ | Church, other religious        |
| 14. _____ | Transient hotel, motel, dormitory<br>enter # of units _____ | 20. _____ | Industrial                     |
| 15. _____ | Garage  | 21. _____ | Parking                        |
| 16. _____ | Carport   | 22. _____ | Service station, repair garage |
| 17. _____ | Other – Specify _____                                       | 23. _____ | Hospital, institutional        |
|           | _____   | 24. _____ | Office, bank-professional      |
|           |   | 25. _____ | Public utility                 |
|           |   | 26. _____ | School, library, etc.          |
|           |   | 27. _____ | Stores, merchantile            |
|           |   | 28. _____ | Tanks, towers                  |
|           |   | 29. _____ | Other – specify _____          |

NON RESIDENTIAL – describe in detail the proposed use of building, e.g. food processing plant, machine shop, laundry building or hospital, elementary school. college, parochial school, parking garage for department store, rental office building, office building at an industrial plant. If use of existing building is being changed, enter proposed use.

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SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete parts E – L for demolition complete only part J, for all others skip to IV.

**E. PRINCIPAL TYPE OF FRAME**

- 30. \_\_\_\_\_ Masonry (wall bearing)
- 31. \_\_\_\_\_ Wood Frame
- 32. \_\_\_\_\_ Structural Steel
- 33. \_\_\_\_\_ Reinforced concrete
- 34. \_\_\_\_\_ Other – Specify \_\_\_\_\_

**F. PRINCIPAL TYPE OF HEATING FUEL**

- 35. \_\_\_\_\_ Gas
- 36. \_\_\_\_\_ Oil
- 37. \_\_\_\_\_ Electricity
- 38. \_\_\_\_\_ Coal
- 39. \_\_\_\_\_ Other - Specify \_\_\_\_\_

**G. TYPE OF SEWAGE DISPOSAL**

- 40. \_\_\_\_\_ Public or private company
- 41. \_\_\_\_\_ Private (septic tank, etc.)

**H. TYPE OF WATER SUPPLY**

- 42. \_\_\_\_\_ Public or private company
- 43. \_\_\_\_\_ Private (well, cistern)

**I. TYPE OF MECHANICAL**

- Central Air 44. \_\_\_\_\_ Yes 45. \_\_\_\_\_ No
- Elevator 46. \_\_\_\_\_ Yes 47. \_\_\_\_\_ No

**J. DIMENSIONS**

- 48. Number of stories \_\_\_\_\_
- 49. Total square feet of floor area, all floors based on exterior dimensions \_\_\_\_\_
- 50. Total land area, square feet \_\_\_\_\_

**K. NUMBER OF OFF STREET PARKING SPACES**

- 51. Enclosed \_\_\_\_\_
- 52. Outdoors \_\_\_\_\_

**L. BEDROOMS/BATHS**

- 53. Number of bedrooms \_\_\_\_\_
- 54. Number of baths \_\_\_\_\_ Full baths \_\_\_\_\_ ½ baths

NOTES: (FOR DEPARTMENTAL USE ONLY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY USE ONLY**

PLAN REVIEW RECORD

<u>Plan Reviews Required</u>	<u>Date Plans Approved</u>	<u>Approved By</u>
Building	_____	_____
Plumbing	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
Police Department	_____	_____
Fire Department	_____	_____
City Engineer	_____	_____
Other	_____	_____

VALIDATION

Building Permit # \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

Building Permit Issued \_\_\_\_\_  
(date)

Use Group \_\_\_\_\_

Building Permit Fee \$ \_\_\_\_\_

Fire Grading \_\_\_\_\_

Live Loading \_\_\_\_\_

Certificate of Occupancy \$ \_\_\_\_\_

Occupancy Load \_\_\_\_\_

Drain Title \$ \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

Approved By:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)





**E. ARCHITECTURAL PLAN DETAILS**

- 1. Proposed architectural elevations
  
- 2. Floor plan layout to show:
  - a. Dwelling unit type (for multiples)
  - b. Useable floor space (for other)
  - c. Proposed use (for other)
  
- 3. Structural details for application of performance bonds

Provided	Not Provided	Not Applicable

Provided	Not Provided	Not Applicable

**F. LANDSCAPING, LIGHTING AND SIGN DETAILS**

- 1. Green spaces, screening walls and/or berms and fencing with details and cross-section around parking stantions, trash receptacles, utility structures and for screening adjacent properties
  
- 2. Landscaping specifications showing planting materials, species and number noted in landscape ledgend
  
- 3. Exterior lighting with locations and methods of shielding
  
- 4. Directional signs, location and size and design
  
- 5. Advertising signs, location, size and design

**G. GERERAL REMARKS**

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**APPLICANTS MUST COMPLETE THIS PAGE FOR APPLICATION TO BE ACCEPTED**

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Signature of applicant

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Please print the applicant's full legal name (individual or company)

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Please provide the applicant's address and telephone number

The applicant hereby expressly acknowledges and agrees that by signing this document, the applicant is fully responsible for any and all fees, costs, and/or expenses which are associated with this application whether approval of the application is granted or not. In the event that the City of Northville is required to take any type of action, legal or otherwise, to collect any amount due or owing by the applicant, then the applicant expressly agrees to pay for any and all costs and expenses, including attorney fees, incurred by the City of Northville in having to collect any such amount due or owing by the applicant.

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