

APPLICATION FOR SITE PLAN REVIEW

NOTICE TO APPLICANT: Applications for Site Plan review by the Planning Commission must be submitted to the City of Berkley Building Department in *substantially complete form* at least 30 days prior to the Planning Commission's meeting at which the application will be considered. The application must be accompanied by the data specified in the Zoning Ordinance, including fully dimensioned site plans, plus the required review fees.

The Planning Commission meets the fourth Tuesday of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072.

TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request Site Plan Review and provide the following information to assist in the review:

Applicant:						
Telephone:						
En sil						
Email:						
Property Owner(s), if different from Applicant:						
Mailing Address:						
Telephone:						
Email:						
Applicant's Legal Interest in Property:						
LOCATION OF PROPERTY:						
Street Address:						
Nearest Cross Streets:						
Sidwell Number(s):						

PROPERTY DESCRIPTION:

Provide lot numbers and subdivision:								
Property Size (Square Feet):				(Acres):				
EXISTING		ISTRI	CT (please che	ck):				
	□ R-1AB □			Community Centerpiece	Residential Corridor			
	R-1CD			Downtown		Woodward Corridor		
	R-2			Flex		Cemetery		
	R-M			Gateway Corridor		Parking Overlay		
	R-M-H							
St	reet Type:							
🗆 Corridor 🔲 Downtown			□ Walkable Area		□ Residential			
Present Us	e of Proper	ty:						
Proposed l	Jse of Prop	erty:						
Is the prop	erty located	within	the Downtown	Development Authority?		□ Yes □]	No
PROJECT	DESCRIPT	ION:						
Does the proposed project / use of property require Special Land Use approval?							No	
Does the proposed project require Variance(s) from the Zoning Board of Appeals? Yes No								No
lf yes, plea	se describe	Varia	nces required:					

PLEASE COMPLETE THE FOLLOWING CHART:

Type of Development	Number of Units	Gross Floor Area	Number of Parking Spaces On Site	Number of Employees on Largest Shift
Attached Residential				
Office				
Commercial				
Industrial				
Other				

PROFESSIONALS WHO PREPARED PLANS:

Α.	Name:	
	Mailing Address:	
	- · ·	
	Email:	
	Design Responsi	ibility (engineer, surveyor, architect, etc.):
В.	Name: _	
	Mailing Address:	
	- · ·	
	Email:	
	Design Responsi	ibility:
	Design Responsi	wincy.

SUBMIT THE FOLLOWING:

- 1. A PDF electronic copy of a complete set of plans, sealed by a registered architect, engineer, or surveyor.
- 2. Proof of property ownership (title insurance policy or registered deed with County stamp).
- 3. Review comments or approval received from County, State or Federal agencies that have jurisdiction over the project, including, but not limited to:
- □ Road Commission for Oakland County
- Oakland County Health Division
- MI Dept. of Transportation
- MI Dept. of Environment, Great Lakes & Energy

PLEASE NOTE: The applicant, or a designated representative, **MUST BE PRESENT** at all scheduled meetings, or the Site Plan may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a Site Plan Application or to revoke any permits granted subsequent to the site plan approval.

We encourage applicants to make a presentation of the proposed project to the Planning Commission and City Council, as appropriate. To assist in this effort, we have available for your use at meetings a projector, laptop computer and screen. This will allow the Planning Commission and audience to be fully engaged so they can give your project the attention it deserves. Planning Commission meetings are recorded and televised.

PROPERTY OWNER'S APPROVAL: (Initial each line)

_____ I hereby authorize the employees and representatives of the City of Berkley to enter upon and conduct an inspection and investigation of the above-referenced property.

APPLICANT'S ENDORSEMENT: (Initial each line)

____ All information contained therein is true and accurate to the best of my knowledge.

_____ I acknowledge that the Planning Commission will not review my application unless all information in this application and the Zoning Ordinance has been submitted. I further acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing or approval of this site plan application.

_____ I hereby acknowledge that if engineering or other reviews are required, additional fees must be submitted. Should the review fees be greater than the required minimum, sufficient additional charges will be imposed to satisfy the additional review fees. All fee obligations must be satisfied prior to permit approval.

If an application is withdrawn more than three (3) weeks prior to the meeting date, 90% of the fee will be refunded. If the application is withdrawn less than three (3) weeks prior to the meeting, no refund will be given.

Signature of Applicant	Date
Applicant Name (Print)	
Signature of Applicant	Date
Applicant Name (Print)	
Signature of Property Owner Authorizing this Application	Date
Property Owner Name (Print)	

OFFICE USE C	DNLY					
Received		_ Receipt #		Meeting	Date	_Case #
Fees: Site Plan Revie	w \$600	Plus Escrow: I	Multi-family S	\$660	Commercial \$1,100)
Administrative:	\$300		Extension \$	\$200		
Engineering:		nily Full Site \$1,50 nily Partial Site \$1				ll Site \$1,300 Escrow \$1,500 rtial Site \$800 Escrow \$1,500
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