

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:

Project Name:					
Applicant:					
Mailing Address:					
Telephone:					
Email:					
Property Owner(s), if diffe	erent from Applicant:				
Mailing Address:					
Telephone:					
Email:					
Applicant's Legal Interes	t 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	ZONING DISTRICT (pleas	se che	ck):					
	R-1A		Local Business		Coolidge			
	R-1B		Office		Downtown			
	R-1C		Community Centerpiece		Industrial			
	R-1D		Woodward		Cemetery			
	RM		Eleven Mile		Parking			
	RMH		Twelve Mile					
	e of Property: Jse of Property:							
	erty located within the Dow	vntown	Development Authority?		Yes		No	
PROJECT	DESCRIPTION:							
			require Special Land Use approval?		□ Yes		No	
-	roposed project require Va se describe Variances req		(s) from the Zoning Board of Appeals	?[∃ Yes		No	

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:

A.	Name:
	Mailing Address:
	Telephone:
	Email:
	Design Responsibility (engineer, surveyor, architect, etc.):
В.	Name:
	Mailing Address:
	Telephone:
	Email:
	Design Responsibility:

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 ONLY						
Received		_ Receipt #	_ Meeting	Date	Case #	
Fees: Site Plan Revie	w \$600	Plus Escrow: Multi-family	/ \$660	Commercial \$1,100		
Administrative:	\$300	Extension	n \$200			
Engineering:		nily Full Site \$1,500 Escrow \$ nily Partial Site \$1000 Escrov			l Site \$1,300 Escrow \$1,500 tial Site \$800 Escrow \$1,500	