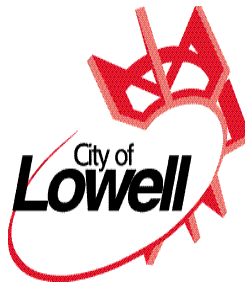


Request Number: \_\_\_\_\_

Filing Fee: \_\_\_\_\_



301 East Main Street  
Lowell, Michigan 49331  
Phone (616) 897-8457  
Fax (616) 897-4085

### APPLICATION FOR SITE PLAN REVIEW

- All drawings must be sealed by an architect, engineer or surveyor unless waived by the Zoning Administrator.
- 15 copies of the site plan must be submitted to the City Manager's office no later than three weeks before the Planning Commission meeting to allow adequate staff review.
- The Planning Commission meets the second Monday of the month at 7:00 p.m. where plans are approved, rejected or modified.
- Preliminary plans may be presented for Planning Commission comment, but no final approval is given until all required conditions are met.
- After approval, public works and building permits must be secured before construction may commence.

1. Street Address and/or Location of Request: \_\_\_\_\_

2. Parcel Identification Number (Tax I.D. No.): #41-20-\_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Are You:  Property Owner  Owner's Agent  Contract Purchaser  Option Holder

5. Applicant is being represented by: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

6. Present Zoning of Parcel \_\_\_\_\_ Present Use of Parcel \_\_\_\_\_

7. Description of proposed development (attach additional materials if needed):

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

**The facts presented above are true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Your Name Here: \_\_\_\_\_

Property Owner Approval: As owner I hereby authorize the submittal of this application and agree to abide by any decision made in response to it.

Owner \_\_\_\_\_

Date \_\_\_\_\_

