



Pittsfield Charter Township
Department of Municipal Services
 6201 West Michigan Avenue, Ann Arbor, MI 48108
 Phone: (734) 822-3130 Fax: (734) 944-1103
 Website: www.pittsfield-mi.gov Email: planning@pittsfield-mi.gov

Site Plan Approval Application

Applicant Requirement Checklist	
<input type="checkbox"/>	Project Fees must be paid by cash or check when application is submitted. <i>(Administrative Fee is non-refundable - Application will not be processed until payment is received)</i>
<input type="checkbox"/>	Completed Application Form
<input type="checkbox"/>	Fifteen (15) sets of the proposed site plan . Three (3) full size plan sets, and twelve (12) reduced (11x17) plan sets
<input type="checkbox"/>	USB drive containing the entire plan set

:: OFFICE USE ::	
CSPA #	_____ - _____
ZP App Fee \$	_____
Escrow Fee \$	_____
Total \$	_____

Submittal Information	
This application and site plan is being submitted for the following consideration:	
<input type="checkbox"/> Preliminary Site Plan	<input type="checkbox"/> Combined Preliminary/Final Site Plan
<input type="checkbox"/> Final Site Plan	<input type="checkbox"/> Amendment of Approved Plan
<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Engineering Plan
Date of Plan: _____	
Number of Sheets: _____	
Name of Proposed Development: _____	
Total Number of: <input type="checkbox"/> Lots: _____ <input type="checkbox"/> Units: _____ <input type="checkbox"/> Units/Buildings: _____	
Total Floor Area Proposed (Sq. Ft.): _____ Estimated Cost of Site Work: _____	
Estimated Cost of Vertical Building: _____ Proposed Date of Construction: _____	

Property Information	
_____	Or _____
General Location of Site	Street Number Street Name
Parcel I.D. # 12 - _____ - _____ - _____	Gross Acreage of Site: _____ Net Acreage: _____

Applicant Information	
(Please Print)	
Company Name (If Applicable) _____	Applicant's Name _____
Address _____ City _____	State _____ Zip _____
(_____) _____	(_____) _____
Contact Number _____ Fax Number _____	Email Address _____

Applicant's Compliance Agreement	
The applicant(s) represents that they are the owner(s) of the subject property or are acting on behalf of the above listed owner, and herewith file fifteen (15) copies of the identified drawing of the property or site plan and all supporting material. The applicant also acknowledges that the filing of this application grants permission for Township staff and/or officials to enter the property to determine the accuracy of the submitted information including existing conditions. If the applicant is not the owner, the owner must fill out the owner affidavit.	
Applicant's Signature _____	Applicant's Name (Please Print) _____
Date _____	

Planning Fees **Engineering Fees**

Admin: Admin:
 Escrow: Escrow:

:: Office Use ::		Time Stamp
Received By: _____		
(Initials)		

Escrow Information <i>(To be filled out if different than the applicant information)</i>			
(Please Print)			
_____		_____	
Company Name		Contact Name	
_____	_____	_____	_____
Address	City	State	Zip
(_____) _____	(_____) _____	_____	
Contact Number	Fax Number	Email Address	

Property Owner Information			
(Please Print)			
_____		(_____) _____	
Property Owner's Name		Contact Number	
_____	_____	_____	_____
Address	City	State	Zip
_____		(_____) _____	
Email Address		Fax Number	
_____	_____		_____
Property Owner's Signature			Date

Site Planner/Engineer			
(Please Print)			
_____		_____	
Company Name		Contact Name	
_____	_____	_____	_____
Address	City	State	Zip
(_____) _____	(_____) _____	_____	
Contact Number	Fax Number	Email Address	

Submittal by the application deadline does not guarantee placement on the agenda for the meeting date indicated on the meeting schedule.