



**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

# Preliminary Plat Application

Applicant Requirement Checklist
<input type="checkbox"/> <b>Project Fees</b> (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 <b>Application Form</b>
<input type="checkbox"/> Thirteen (13) sets of the proposed <b>site plan</b> . Four (4) full size plan sets, and nine (9) reduced (11x17) plan sets
<input type="checkbox"/> A <b>CD</b> or <b>USB</b> containing the entire plan set

:: OFFICE USE ::
SP # _____ - _____
ZP App Fee \$ _____
Escrow Fee \$ _____
<b>Total \$</b> _____

Submittal Information	
This application and site plan is being submitted for the following consideration:	
<input type="checkbox"/> Tentative Approval of Preliminary Plan	<input type="checkbox"/> Final Approval of Preliminary Plan
Date of Plan: _____	Number of Sheets: _____
Name of Proposed Development: _____	
Proposed Date of Construction: _____	Total Number of: <input type="checkbox"/> Dwelling Units: _____ <input type="checkbox"/> Lots: _____
Area in Proposed R.O.W: _____	Net of R.O.W: _____ Area in Open Space: _____
Minimum Lot Width: _____	Minimum Lot Area (net): _____ Streets Will Be: <input type="checkbox"/> Public <input type="checkbox"/> Private
Type of Plat: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Office <input type="checkbox"/> Other: _____	
Frontage Street(s): _____	Will there be a subdivision association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the property be developed in phases? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many phases: _____

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

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 listed owner, and herewith file <b>thirteen (13) copies of the identified drawing</b> 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 Property Owner Information section.
Applicant's Signature _____ Date _____

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

**Escrow Information (To be filled out if different than the applicant information)**

**(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.