SITE PLAN APPLICATION

Birch Run Township 8425 Main Street P O Box 152 Birch Run, MI. 48415 (989) 624-9773/(989) 624-1177 fax

Date	Request#	
Name of Applicant:		
Address:		
Phone Number:		
Developer: Name:		
Address:		
Parcel I D #:		
Legal Description		
Existing Zoning Classification: _		
Proposed Zoning Classification:		
Current Use of Property:		
Proposed Use of Property:		
Name of property owner (s).	Address:	
•	Address:	
Name of other firm(s), corporation property: 1	ons, or person(s) having legal	interest in this
3.	· · · · · · · · · · · · · · · · · · ·	

Requirements for Re-zoning approvals are found in Article 7. Attachments: Required attachments as per Birch Run Township Ordinance, Section 7.03 (Procedures)
Applicant Signature: Date:
I/We certify that I/We are the sole owner(s) of this above described property and certify the aforementioned information is accurate and agree to the request for site plan review and/or rezoning as presented.
Authorization to Access Property
$I\left(we\right)$, the legal owners of the property described in Section II above, do hereby grant the members of the Planning Commission and Township employees or their agents or representative permission to access and review the site for the purpose of this appeal.
Signature of Property Owner Date
Signature of Property Owner Date ***********************************
Fees: Application Fees: Administration & One (1) Planning Commission Meeting: \$750.00 Outside Consultant Escrow \$2500.00/\$5000.00 (a portion of this charge may be refundable or additional fees may be applicable). Please check with the Zoning Administrator on the applicable fees for your particular project.
Zoning Ordinance Standards are available online at www.birchruntwp.com
Amount Paid:
□ Check # □ Cash □ Date
Planning Commission Action: • Schedule Public Hearing Date for:
Signature Planning Commission Chair Person
Date