

**FRENCHTOWN CHARTER TOWNSHIP
PLANNING COMMISSION
SPECIAL USE APPLICATION**

PARCEL I.D. # _____ DATE _____

APPLICANT _____

ADDRESS _____

TELEPHONE (____) _____ BUSINESS (____) _____

FAX (____) _____

OWNER _____

ADDRESS _____

TELEPHONE (____) _____ BUSINESS (____) _____

FAX (____) _____

Zoning Classification (present) _____

Attach copy of legal description.

When did you obtain Title to the property affected by this application? ___ / ___ / _____

If you do not own this property, please attach a copy of the purchase agreement, etc.

Special uses desired which are not permitted by the present district classifications:

Special conditions or reasons believed justifying change of restrictions:

Are plans being submitted at this time? Yes ____ No ____

Location

Side of Street (N.E.S.W.) _____

Address: _____ Subdivision _____

Between (cross streets) _____ and _____

If a building is presently located upon the premises, attach a photograph of the building.

Are you represented by an Architect or Engineer? Yes ____ No ____

Name of Architect / Engineer _____

Address _____

Telephone (____) _____ Fax (____) _____

Are you represented by an Attorney? Yes _____ No _____

Name of Attorney _____

Address _____

Telephone (_____) _____ Fax (_____) _____

Will your attorney be present at the Planning Commission Meeting? Yes _____ No _____

Neither the Frenchtown Charter Township, nor any of its employees, agents or representatives shall be responsible for any error or omission in information or data submitted in connection with site plan approval.

Affidavit for Applicant

I hereby certify that the information being submitted is true and correct. I acknowledge that I am solely responsible for my errors and omissions.

Signature of Applicant

Print Name

Subscribed and sworn before me on this _____ day of _____,
20____.

Township Clerk or Notary Public

My Commission expires:

Affidavit for Owner of Property

I hereby certify that I have appointed the above applicant as my agent and that he/she is qualified to make the above affidavit for me and to secure the permit. I further certify that all information and date furnished for site plan approval is true and correct. I acknowledge that I am solely responsible for errors and omissions.

Signature of Owner

Print Name

Subscribed and sworn before me on this _____ day of _____,
20 ____.

Clerk or Notary Public

_____ Township
My Commission expires:

NARRATIVE MUST BE INCLUDED ON SITE PLAN FOR REVIEW
SPECIAL USE APPROVAL SITE PLAN CHECKLIST

| | | ON PLANS | | |
|-----|--|----------|----|-------|
| | | YES | OR | NO |
| 1. | NAME, ADDRESS AND TELEPHONE NUMBER OF THE OWNER / DEVELOPER | _____ | | _____ |
| 2. | NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON OR FIRM PREPARING THE SITE PLAN. | _____ | | _____ |
| 3. | NAME AND ADDRESS OF THE PROPOSED PROJECT. | _____ | | _____ |
| 4. | SHORT NARRATIVE DESCRIPTION OF THE PROPOSED USES OF THE PROPERTY CLEARLY INDICATING THE NATURE OF THE ACTIVITY. IF APPLICABLE, INDICATE THE TOTAL NUMBER OF EMPLOYEES, AND THE MAXIMUM NUMBER OF EMPLOYEES TO BE EMPLOYED AT ANY GIVEN SHIFT. | _____ | | _____ |
| 5. | SCALE, NORTH ARROW AND DATE OF PREPARATION, TO INCLUDE ANY REVISION DATES. | _____ | | _____ |
| 6. | LOCATION OR VICINITY MAP SHOWING THE SITE LOCATION IN RELATIONSHIP TO STREETS, MAJOR THOROUGHFARES, DRAINAGE COURSED OR BODIES OF WATER, RAILROAD LINES, ETC. THE VICINITY MAP SHALL INCLUDE THE EXISTING ZONING AND LAND USE WITHIN THE BOUNDARIES OF THE SITE AND OF PROPERTIES ABUTTING THE SITE. | _____ | | _____ |
| 7. | IF THE PROPOSED SITE DESCRIBED IN THE SITE PLAN IS PART OF A LARGER PARCEL, INDICATE THE BOUNDARIES OF THE TOTAL PARCEL AND THE INTENDED USE OF THE REMAINING PORTIONS OF THE PARCEL. | _____ | | _____ |
| 8. | LEGAL DESCRIPTION OF THE PROPERTY OR AT LEAST METES & BOUNDS DESCRIPTION. | _____ | | _____ |
| 9. | SHOW ON THE PLAN VIEW ALL PROPERTY LINES, FULLY DIMENSIONED AS PER THE LEGAL DESCRIPTION, STREET SETBACK LINES, EXISTING AND PROPOSED RIGHT-OF-WAY AND CENTERLINE OF RIGHT-OF-WAY LINES. ALL EXISTING AND FUTURE RIGHT-OF-WAY LINES SHALL BE DIMENSIONED FROM THE CENTERLINE OF THE RIGHT-OF-WAY. | _____ | | _____ |
| 10. | EXISTING STRUCTURES, SIDEWALKS, BUILDING, PAVED AND GRAVEL PARKING AREAS AND DRIVEWAYS, BOTH ON-SITE AND TO A MINIMUM OF 100' BEYOND THE SITE'S PROPERTY LINES. | _____ | | _____ |
| 11. | GENERAL EXPLANATION AND INDICATION OF HOW THE SITE WILL BE SERVICED WITH UTILITIES {SEWER, WATER, GAS, TELEPHONE AND ELECTRICAL}. PROPOSED LOCATIONS OF NEW WATER {INCLUDING FIRE HYDRANTS, IF ANY}, SEWER AND STORM DRAINAGE LINES SHOULD BE INDICATED {LINE SIZE, IF KNOWN, WOULD BE HELPFUL, BUT ARE NOT MANDATORY. | _____ | | _____ |
| 12. | DELINEATION ON THE PLAN OF ALL FRONT, REAR AND SIDE YARD REQUIREMENTS FOR THE ZONING DISTRICT IN WHICH THE SITE IS LOCATED. | _____ | | _____ |

- | | | ON PLANS | | |
|-----|--|-----------------|-----------|------------------------------|
| | | YES | OR | NO |
| 13. | THE JURISDICTION OF ROAD RIGHT-OF-WAY AND DRAINS ON OR ADJACENT TO THE SITE SHOULD BE INDICATED ON THE PLANS. | _____ | | _____ |
| 14. | LOCATION AND WIDTH OF ACCESS DRIVES AND ABUTTING STREETS. ALL STREETS IN THE TOWNSHIP ARE UNDER THE JURISDICTION OF THE MICHIGAN DEPARTMENT OF TRANSPORTATION, THE MONROE COUNTY ROAD COMMISSION, OR ARE UNDER PRIVATE OWNERSHIP. | _____ | | _____ |
| 15. | GROSS ACREAGE OF THE SITE TO THE NEAREST TENTH OF AN ACRE. | _____ | | _____ |
| 16. | NET ACREAGE OF THE SITE. THE NET ACREAGE SHALL BE EXCLUSIVE OF ALL EXISTING AND FUTURE RIGHT-OF-WAYS. | _____ | | _____ |
| 17. | IN THE CASE OF MULTIPLE FAMILY PROJECTS, A DWELLING UNIT SCHEDULED MUST BE INCLUDED INDICATING THE TOTAL NUMBER OF UNITS PROPOSED, BROKEN DOWN BY NUMBER OF BEDROOMS AND KEYED TO THE BUILDINGS ON THE SITE PLAN. AN EXAMPLE SCHEDULE FOLLOWS: | _____ | | _____ |
| | TOTAL # OF UNITS BY BEDROOMS | | | |
| | 1 BEDROOM UNITS _____ = | | | |
| | 2 BEDROOM UNITS _____ = | | | |
| | 3 BEDROOM UNITS _____ = | | | |
| | 4 BEDROOM UNITS _____ = | | | |
| | TOTAL # OF UNITS _____ = | _____ | | TOTAL BEDROOMS PROPOSED |
| 18. | THE FLOOR AREA RATIO IS THE RATIO BETWEEN THE AMOUNT OF FLOOR AREA PROPOSED ON ALL FLOORS IN A BUILDING OR GROUP OF BUILDINGS AND THE TOTAL SITE AREA AS DEFINED BY THE ZONING ORDINANCE. THIS SHOULD BE PRESENTED IN TABLE FORM. AN EXAMPLE FORMAT FOLLOWS: | _____ | | _____ |
| | BUILDING 1 - TOTAL SQUARE FEET | | | |
| | 1st FLOOR TOTAL SQUARE FEET | | | |
| | 2nd FLOOR TOTAL SQUARE FEET | | | |
| | BUILDING 2 - TOTAL SQUARE FEET | | | |
| | 1st FLOOR TOTAL SQUARE FEET | | | |
| | 2nd FLOOR TOTAL SQUARE FEET | | | |
| | 3rd FLOOR TOTAL SQUARE FEET | | | |
| | TOTAL SQUARE FEET PROPOSED _____ | | | DIVIDED BY TOTAL SITE AREA = |
| 19. | PARKING LOT LAYOUT SHOWING DIMENSION OF PARKING BAYS {WIDTH & LENGTH}, INCLUDING HANDICAPPED PARKING AND MANEUVERING LANES. SEE THE TOWNSHIP ZONING ORDINANCE FOR MINIMUM REQUIREMENTS. SEE ATTACHMENT. | _____ | | _____ |

**ON PLANS
YES OR NO**

- | | | | |
|-----|--|-------|-------|
| 20. | LOCATION AND DIMENSION OR BARRIER FREE PARKING SPACES. LOCATION OF BARRIER FREE RAMPS. BARRIER FREE PARKING SPACES SHOULD BE LOCATED IN CLOSE PROXIMITY OF THE PROPOSED BARRIER FREE RAMP, AND BOTH PARKING SPACES AND RAMP MUST BE IDENTIFIED ON THE PLANS. | _____ | _____ |
| 21. | LOADING AND UNLOADING SPACES AND SERVICE AND / OR STACKING SPACE IF REQUIRED. DIMENSIONS WILL BE REQUIRED FOR ALL SUCH SPACES. | _____ | _____ |
| 22. | ONE HUNDRED {100} YEAR FLOODPLAIN AND FLOODWAY LOCATIONS SHALL BE SHOWN, BY CONTOUR LINE, IF PRESENT ON THE SUBJECT SITE OR WITHIN 50' OF THE SITE BOUNDARIES. IF NOT IN THE FLOODPLAIN THEN NOTE THIS ON THE PLAN. | _____ | _____ |
| 23. | LOCATION OF ANY KNOWN OR ANTICIPATED WETLANDS PRESENT ON THE SUBJECT SITE, OR WITHIN 50' OF THE SITE. | _____ | _____ |
| 24. | LOCATION AND SIZE OF ALL PROPOSED GREENBELT AREAS. | _____ | _____ |
| 25. | LOCATION OF ALL PROPOSED STRUCTURES. ALL STRUCTURES SHALL BE DIMENSIONED, AND GROSS FLOOR AREA INDICATED. ALL STRUCTURES SHALL BE DIMENSIONED FROM PROPERTY LINES AND DISTANCE BETWEEN BUILDINGS SHALL BE INDICATED. | _____ | _____ |
| 26. | LOCATION OF ALL SOLID WASTE STORAGE AREAS AND PICK-UP POINTS. INDICATE METHOD OF COLLECTION TO BE USED AND TYPE OF SCREENING PROPOSED. | _____ | _____ |
| 27. | LOCATION AND PROPOSED HEIGHT AND DETAIL OF SCREEN WALLS OR FENCING PROPOSED. | _____ | _____ |
| 28. | LOCATION OF EXISTING AND PROPOSED PAVEMENT {TYPE} AND CURBS {TYPE}. | _____ | _____ |
| 29. | INTERIOR AND EXTERIOR WALKS SHOULD BE LOCATED AND WIDTH INDICATED. | _____ | _____ |

NOTE A COMPLETED AND SIGNED COPY OF SUBMITTAL CERTIFICATION AND A COMPLETED COPY OF THIS CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION FOR SPECIAL USE APPROVAL.