

CITY OF EVART

200 S. Main St.
Ewart, MI 49631
(231) 734-2181
(231) 734-3917-fax
www.ewart.org

SITE PLAN REVIEW APPLICATION

Date:

Project Location:

Address _____

Property Tax ID# 67-51 _____

Zoning District _____

Legal Description _____

Applicant:

Name(s) _____

Address _____

Phone# _____

Property Owner:

(If different from applicant)

Name(s) _____

Address _____

Phone# _____

REQUEST:

Briefly describe the request

Proposed Work:

Answers to the following are **required** for application approval

New Construction _____

Renovation _____

Overall Length _____

Overall Height _____

Overall Width _____

Floor Area _____

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Proposed Use:

Check all that apply

- _____ Single Family Residence
- _____ Duplex
- _____ Mutil-Famiy / # of units _____
- _____ Garage
- _____ Storage Unit
- _____ Other – Please explain

Has there been a Site Plan or Special Land Use Permit approved for this parcel before?
_____yes _____no

1. Describe IN DETAIL all anticipated activities (including hours of operation, number of employees, number of parking spaces, traffic impacts, etc. Attach additional sheets if needed).

2. Size of property in sq. ft. _____

3. Current Property Use _____

4. Proposed Property Use _____

5. Attach a copy of Warranty Deed or other proof of ownership.

6. Attach a copy of certified Property Survey or dimensioned property land plat.

The undersigned affirms that the information and plans submitted in this application are true and correct to the best of the undersigned’s knowledge.

Applicant’s Signature

Date

APPROVALS:

By: City of Evert Planning Commission on _____ 20____.

By: City of Evert City Council on _____ 20____.

Zoning Administrator

Date