



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"/> Application Fee and Escrow Deposit paid at time of application
<input type="checkbox"/> Application form completed in full
<input type="checkbox"/> Fourteen sets of the proposed site plan. Three (3) full size and Eleven (11) reduced plan sets
<input type="checkbox"/> A CD or USB drive containing the full plan set

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

Submittal Information	
<p>This application and site plan is being submitted for the following consideration:</p> <input type="checkbox"/> Preliminary Site Plan <input type="checkbox"/> Combined Preliminary/Final Site Plan <input type="checkbox"/> Administrative Review <input type="checkbox"/> Final Site Plan <input type="checkbox"/> Amendment of Approved Plan <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	
_____ General Location of Site	Or _____ 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	_____ State
_____ City	_____ Zip
_____ Contact Number	_____ Email Address
_____ Fax Number	

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 fourteen 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)	

Please Complete Reverse Side →

Escrow Information (MUST BE COMPLETED IN FULL)

(Please Print)

_____		_____	
Company Name		Contact Name	
_____		_____	
Address	City	State	Zip
_____		_____	
()	()		
Contact Number	Fax Number	Email Address	

Property Owner Information (MUST BE COMPLETED IN FULL)

(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.