



PLANNING COMMISSION
SITE PLAN APPLICATION

INSTRUCTIONS:

When this completed application is filed in conjunction with a site plan, it will serve to initiate processing of the plans in accordance with the review procedures described in the Zoning Ordinance. Please review those Ordinances before submitting this application to assure compliance with the various provisions. Be sure to complete each applicable section of this application in accordance with the Rules for *Site Plan Submission*. Incomplete application will delay the review process.

Complete application submittal packages shall be filed with the Planning Department at least twenty eight (28) days before the scheduled meeting.

GENERAL INFORMATION:

Project Name: _____

Assessor's Sidwell Number (s) _____

Project address or location: _____

Project Description: _____

Note: The person listed below as "contact person" will be contacted to attend staff review meetings, answer questions regarding this application, provide additional information when necessary, and will receive a copy of all relevant staff and consultant Reports, if applicable.

Applicant:

Name: _____

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number _____

Property Owner(s):

Name: _____

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number _____

Contact Person: Circle one: architect, contractor, attorney, or other: _____

Name: _____

Business Name and Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number _____

Questions: Please contact the Charter Township of West Bloomfield Planning Department,
4550 Walnut Lake Road, West Bloomfield, MI 48323 / Phone 248 451-4876 Fax: 248 451-4871
Website: www.wbtp.com

Property Information:

Zone District(s): _____ Master Plan Designation _____

Type of Project: _____

Gross Acreage: _____ Parcel Dimensions: _____

Woodland Determination (if applicable): File # _____ Woodland Permit # _____

Wetland Determination: (if applicable): File # _____ Wetland Permit # _____

Project Information (in accordance with Ordinance 26 & other Applicable Ordinances):

Building Height: _____ Parapet Height: _____ Roof Peak Height: _____

Total Sq. Ft. of Building(s): _____ Total Numbers of Floors: _____

Total Sq.Ft. of each Floor: _____

Total Usable Sq. Ft. per Floor: _____

Number of Residential Units: _____ Total Sq. Ft. per Unit _____

Percentage of Lot Coverage for Residential Projects: _____

Total Open Space provided for Residential Projects: _____

Number of Parking Spaces Required by Use: _____

Total Parking Spaces Provided: _____ Typical Parking Space Dimension: _____

Total Barrier Free Parking Spaces Provided: _____ and Dimension: _____

Loading Space Dimension and Location: _____

Drive Isle Width: _____ Location of Fire Lanes: _____

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Building Setbacks: Front Setback _____
Side Setbacks _____ and _____
Rear Setback _____

Waterfront Setbacks (if applicable): _____

Parking Setbacks: Front Setback _____
Side Setback _____ Side Setback _____
Rear Setback _____

Screening: Dumpsters: _____
Ground Equipment: _____
Rooftop Screening: _____

Landscaping Information:

Area of Site Landscaped

Landscape materials and watering systems (provide completed landscaping/planting plan):

Utility Information:

Location of Sanitary Sewer & Size of Pipe _____
Location of Public Water & Size of Pipe _____
Location of Storm Sewers & Size of Pipe _____
Storm Water Detention: _____
Volume of Detention and Calculations _____
Location of Fire Hydrants _____

Screening Fences and/or walls: _____

Locations of required underground utility services: _____

Building and Site Lighting (provide photometric plan and fixture specifications):

Building Wall Sign and Ground Signs:
Sign Dimensions: _____
Sign Location: _____

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APPLICATION SIGNATURE:

By signing this application, the project property owner, applicant, and contact person is indicating that all information contained in this application, all accompanying plans and all attachments are complete and accurate to the best of his or her knowledge. This application is not valid unless signed by the property owner. A review fee is required at time of the application in accordance with the fee schedule accompanied with the application.

Signature(s) of Owner: _____

Print Name Date

Print Name Date

Signature of Applicant: _____

Print Name Date

Signature of Contact Person: _____

Print Name Date

Office Use Only:

Date Filed: _____ Application Accepted by: _____

Fee Paid: _____

Tentative Planning Commission Meeting Date: _____

Planning Commission Meeting Date: _____

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