



# APPLICATION FORM

**NOTICE TO APPLICANT:** Applications for Site Plan Review must be submitted to the City *in substantially complete form*. The application must be accompanied by the data specified in the Zoning Ordinance and Application Completion Checklist (below) plus the required review fees.

<b>DATE:</b>		<b>PROJECT ADDRESS/NAME:</b>	
<b>APPLICATION TYPE</b>			
Please check the box or boxes for the type of application you are submitting. <b>Applications that require an appearance before the Planning Commission or Zoning Board of Appeals (ZBA) must also complete the Planning Commission Hearing Application and/or the ZBA Hearing Application. These applications are separate and can be submitted after this application, but must be in advance of the meeting.</b> These applications are available online or at the City Hall Community Development office - additional fees may be required.			
<input type="checkbox"/> Site Plan <input type="checkbox"/> Rezoning <input type="checkbox"/> Special Land Use <input type="checkbox"/> Planned Unit Development (PUD) <input type="checkbox"/> Condominium Development <input type="checkbox"/> Manufactured Home Development <input type="checkbox"/> Plat Review <input type="checkbox"/> Landscape Plan Review		<input type="checkbox"/> Non-use (Dimensional Variance) <input type="checkbox"/> Use Variance  <input type="checkbox"/> Land Division (Lot Split) <input type="checkbox"/> Land Combination (Lot Combination) <input type="checkbox"/> Master Deed or Similar Document Review  <input type="checkbox"/> Other _____	
<b>APPLICANT</b>		<b>TITLEHOLDER OF PROPERTY (if different than Applicant)</b>	
<b>LEGAL NAME:</b>		<b>LEGAL NAME:</b>	
<b>COMPANY:</b>		<b>COMPANY:</b>	
<b>MAILING ADDRESS:</b>		<b>MAILING ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>		<b>CITY, STATE, ZIP:</b>	
<b>PHONE:</b>		<b>PHONE:</b>	
<b>EMAIL:</b>		<b>EMAIL:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
By signing above, it is agreed that: I hereby certify that the information given herein, and that all information and data furnished in connection with this application, is true and correct. I acknowledge that I am solely responsible for any and all errors and omissions.			



**Community Development Department  
City of Ecorse, Michigan**

<b>PARCEL ID (PROPERTY TAX ID) NUMBERS</b>	<b>ACREAGE</b>
<b>PROPERTY TAX ID NUMBER(S):</b> # # # #	<b>TOTAL ACREAGE IMPACTED BY DEVELOPMENT:</b>  <b>Gross:</b>  <b>Net:</b>
<b>ZONING DISTRICT</b>	<b>LAND USE</b>
<b>CURRENT ZONING:</b>	<b>CURRENT LAND USE:</b>
<b>PROPOSED ZONING:</b>	<b>PROPOSED LAND USE:</b>

<b>PROPERTY DESCRIPTION</b>
<b>PROPERTY DESCRIPTION:</b> If part of a recorded plat, provide lot numbers and subdivision name. If not part of a recorded plat (i.e., Acreage parcel), provide metes and bounds description. Attach separate sheets if necessary.



Community Development Department  
City of Ecorse, Michigan

PROFESSIONALS WHO PREPARED PLANS		
ENGINEERING	ARCHITECTURE	OTHER _____
NAME:	NAME:	NAME:
COMPANY:	COMPANY:	COMPANY:
MAILING ADDRESS:	MAILING ADDRESS:	MAILING ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:
EMAIL:	EMAIL:	EMAIL:
OTHER ESSENTIAL INFORMATION		
If you would like to mention any other essential information, such as your future plans to apply for another type of review on this site, please do so here.		
FOR CITY USE ONLY		
PROJECT NAME:		
APPLICATION NUMBER:		
<b>FEE PAID</b> Yes/No: Date Paid: Check #: Check Amount (\$):		
<b>ANTICIPATED FEE BREAKDOWN</b> Planning: Engineering: Building/City: TOTAL ANTICIPATED FEE:		
OTHER NOTES:		