MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 Ext. 7103

www.macomb-mi.gov



APPLICATION PACKET FOR:

TECHNICAL CHANGE ON APPROVED PLANS

APPLICANTS TAKE NOTE OF THE FOLLOWING:

All applications must contain <u>each and every</u> page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be reviewed by the Planning Department.

Please use only the forms provided with this application. No other forms, however similar, will be accepted.

If you would like to meet with staff before submitting any application we are more than happy to accommodate such a meeting. In fact, we encourage it! Please call or email us to schedule a meeting.

TECHNICAL CHANGE REVIEW APPLICATION

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted with proper payment (as indicated in the application) in an envelope stating "Attention: Planning Department," the project name, and type of project on the outside of the envelope and placed in the night drop off box at the back of the building at Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 (alternatively the package can be dropped off with the Planning Department at Town Hall, or mailed to this address). No plans or supplemental information is required with the submittal of the check, just the application. In addition to this hard copy submittal, A PDF OF THE APPLICATION, A COPY OF THE CHECK, AND ANY/ALL PLANS AND SUPPLEMENTAL INFORMATION MUST BE EMAILED TO PlanDropbox@macomb-mi.gov. Once the package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

A completed application, we will not accept incomplete applications or missing pages;		
Payment – please make your (non-refundable) check payable to "Macomb Township Treasurer". Payment for Technical Change is \$575.00 and must be mailed in or brought in to Macomb Township offices with the original application. Failure to do so will delay the review process;		
Letter , describing in detail the purposed use of the property; and the specific changes associated with this Technical Change and why these changes are necessary		
Site Plan(s) sealed and signed with location noted;		
Floor Plan(s) sealed and signed;		
Elevation Drawing(s) sealed and signed;		
Revised Site Plan showing the Technical Change filed with the Macomb Township Assessing Department.		

ALL APPLICANTS TAKE NOTICE TO THE FOLLOWING:

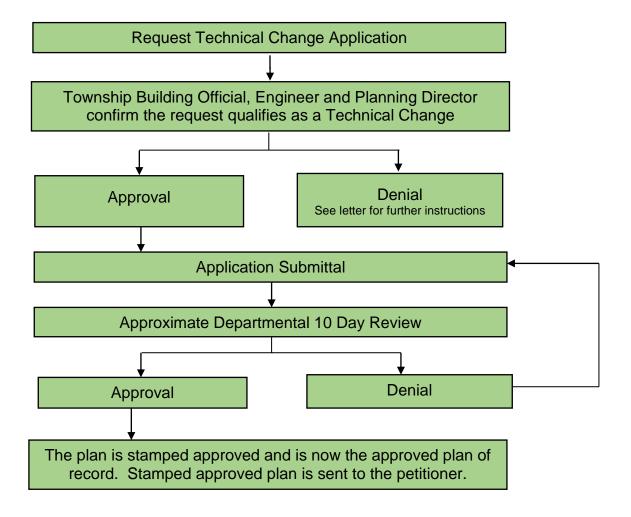
- 1. **Department Reviews.** Submittal of this application does not imply that the plans are acceptable, the review of the information by all departments and agencies will indicate f they are acceptable.
- **2. Expirations Dates.** Upon any approval it is not the responsibility of Macomb Township to notify the applicant or their representative of their upcoming expiration dates.

TECHNICAL CHANGE APPLICATION

OVERVIEW

<u>What is a Technical Change?</u> A Technical Change is a minor revision to an approved Site Plan, Preliminary Plan or Final Plan which doesn't change the intent or the use of the original site plan. The Planning Director determines when a Technical Change Review is appropriate based on guidelines outlined in the Township Ordinance as opposed to a revised plan review process.

What are the procedures for a Technical Change? Upon receipt of a complete application for the Technical Change, the Planning Department will send copies of the application and plans to the appropriate department heads for review and recommendation. Results of the review shall be communicated to the applicant. These departments will be given approximately ten (10) days for review.



TECHNICAL CHANGE REVIEW APPLICATION

APPLICATION

MACOMB TOWNSHIP PLANNING COMMISSION 54111 Broughton Road MACOMB, MICHIGAN 48042 (586) 992-0710 EXT. 7103

Project Name	(if applicable)	
Applicant's Name		Phone
Address_		Email
City		Zip Code
Representative Name:	(if different from applicant)	Phone
		Email
City	State	Zip Code
Location of Property(for example: the no	orth side of 23 Mile Road and ¼ mile eas	t of Romeo Plank Road)
Date of Approved Plan		
Legal Owner of Property(Print_Ow	ner's Name)	Phone
Address		Email
City	State	Zip Code
I certify that the changes as des Change are the only changes be		ter in this Application for Technic sly approved plans.
Applicant's Signature		Date

TECHNICAL CHANGE REVIEW APPLICATION

PROJECT NAME PERMANENT PARCEL NO. 08 - _ _ - _ _ - _ _ . PUBLIC ROAD(S) FRONTAGE ADDRESS OF PARCEL (if available) OWNERS NAME ADDRESS OF OWNER

LEGAL DESCRIPTION

(Please print or type the description here or attach hereto. Please indicate if the description is attached)