

MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042
586-992-0710 Ext. 7103 • PlanDropBox@macomb-mi.gov

www.macomb-mi.gov



APPLICATION PACKET FOR:

SITE PLAN REVIEW

APPLICANTS TAKE NOTE OF THE FOLLOWING:

All applications must contain each page from this application packet, including the checklist and any unused pages. If your application does not include all the items, it will not be processed 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, please call or email us to schedule a meeting. We can be reached at 586-992-0710 Ext. 7103 or PlanDropBox@macomb-mi.gov.

SITE PLAN REVIEW APPLICATION PACKET

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted electronically via email to PlanDropBox@macomb-mi.gov and shall include a PDF of the application, a copy of the check, and any/all plans and supplemental information. The check shall be hand delivered to the Planning Department within Town Hall during posted business hours or mailed to Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 in an envelope stating "Attention: Planning Department," (if mailed, the application shall be included in the envelope with the check).

Once the complete 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.

Please initial below to indicate that each required item is being submitted. Failure to initial that all items have been provided will result in an immediate rejection of the application.

_____ **Completed Application.** This includes an **Affidavit of Ownership**. Incomplete applications or missing pages will not be accepted.
Initial

_____ **Payment.** Please make your (non-refundable) check payable to "Macomb Township". Payment for Site Plan Review is \$2,100.00 including the public hearing fee. All application fees include an initial review and up to two (2) additional review cycles. Payment must be dropped off at the Planning Department, or mailed with tracking, addressed to the Planning Department.
Initial

_____ **Letter.** A letter describing in detail the proposed change in use of the property.
Initial

_____ **Site Plan(s)** drawn to scale and signed and sealed by a licensed professional. The site plan must meet the submission requirements in [§10.2403D](#), excluding D.1.M and D.5.A. All driveways within 100 feet of subject site both adjacent to and on the opposite frontage including median turnarounds, lanes, and turnarounds on divided highways must be shown.
Initial

_____ **Floor Plan(s).**
Initial

_____ **Elevation Drawing(s).**
Initial

_____ **Landscape Plan** in accordance with [§10.0351](#) and [§10.0342](#) of the Zoning Ordinance. All landscape plans must be prepared, sealed and signed by a Registered Landscape Architect in the State of Michigan, and shall include setback and height dimensions of all proposed structures (including signs and walls).
Initial

_____ **Lighting Plan** in accordance with [§10.0340](#) of the Zoning Ordinance.
Initial

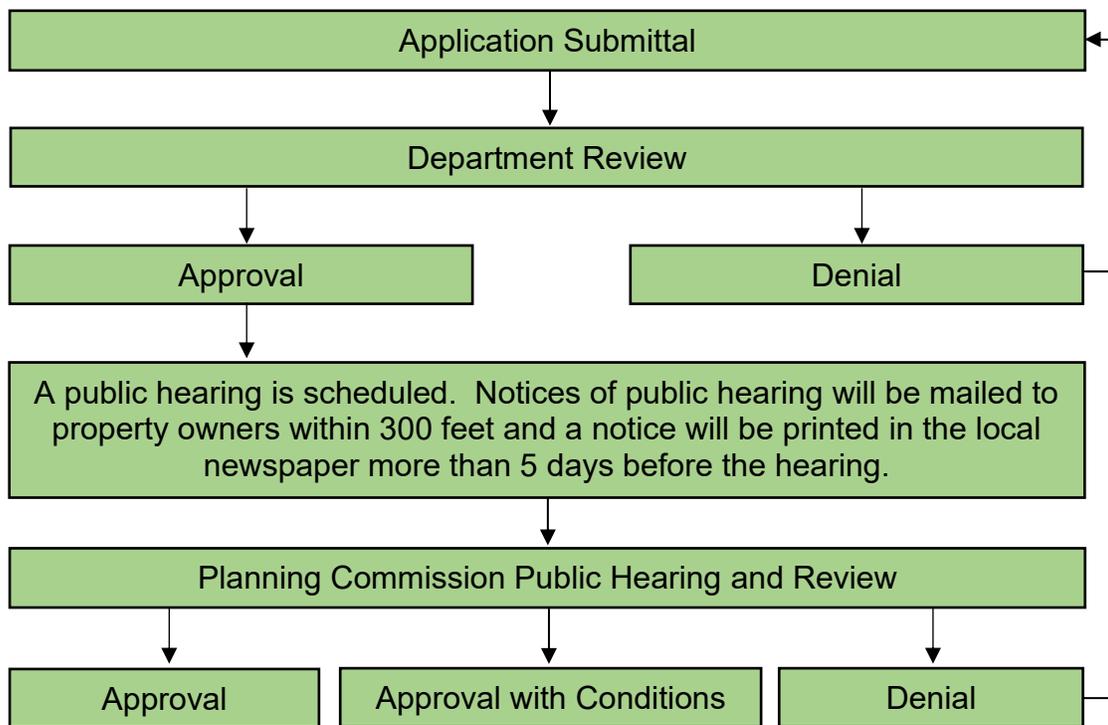
SITE PLAN REVIEW APPLICATION PACKET

OVERVIEW

What is a Site Plan? A Site Plan is a plan drawn to scale, showing the layout of proposed uses and structures.

How long does Site Plan Approval remain valid? Site Plan approval is valid for two (2) years from the date of approval and may be extended by the Planning Commission if the applicant makes a request in writing before the expiration date. It is not Macomb Township's responsibility to notify a project representative prior to the project expiration date. Failure to apply for an extension before the expiration date will require a new submittal including payment.

What are the procedures for a Site Plan Review? Upon receipt of a complete application for the Site Plan review, the Planning Department will distribute the application and submittals to internal departments for an approximate ten (10) day review period. Results of the reviews will be communicated to the applicant and a public hearing will be scheduled with the Planning Commission, at which **your presence is mandatory**. The Planning Commission has final authority to approve or deny the Site Plan.



SITE PLAN REVIEW APPLICATION PACKET

APPLICATION

MACOMB TOWNSHIP PLANNING DEPARTMENT
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 7103

Permanent Parcel Number 08 - _____ - _____ - _____.

Project Name _____

Applicant Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Applicant Signature _____

Representative Name _____ Phone _____
(if different from applicant)

Address _____

City _____ State _____ Zip Code _____

Email _____

Representative Signature _____

Location of Property _____
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Current Zoning Classification _____

Legal Owner of Property _____ Phone _____
(Print Owner's Name)

Address _____ Email _____

City _____ State _____ Zip Code _____

Legal Owner Signature _____

SITE PLAN REVIEW APPLICATION PACKET

VERIFICATION OF RECORDED LEGAL PROPERTY

Permanent Parcel No. 08 - ____ - ____ - ____.

Project Name _____

Address of Parcel (if available) _____

Owner Name _____

Address of Owner _____

**LEGAL DESCRIPTION
(INSERT HERE)**

SITE PLAN REVIEW APPLICATION PACKET

AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lease, etc.)** This requirement must be fulfilled to promptly process your application.

(I), (We) _____, the undersigned fee title owner(s) of property
(name)
hereinafter referenced, acknowledge (my) (our) agreement to permit / allow the property described within the attached application for _____ to receive consideration by
(type of application to be filed)
Macomb Township.

(I), (We) further authorize _____, as a(n)
(name of applicant)
_____ of the property, to process an Application with the Township of
(applicant's interest in property)
Macomb on (my) (our) behalf.

Please have the property owner(s) sign below:

(Owner Signature)

(Print Name)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER(s):

08 - _____ - _____ - _____.

STATE OF MICHIGAN

ss.

COUNTY OF MACOMB

On this _____ day of _____, 20____, before me personally appeared _____
_____ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that _____ executed the same as _____ free act and deed.
(he, she, they) (his, her, their)

Notary Public
_____, Michigan
My Commission Expires: _____
Acting in _____ County, Michigan