

CITY OF ST. IGNACE, MICHIGAN
SITE PLAN REVIEW APPLICATION FORM

Site Plan Review Fee: \$200.00

To be completed by the Applicant (Use additional sheets if necessary)

1. PROJECT TITLE: _____

2. APPLICANT/OWNER INFORMATION:

a. Applicant/Developer

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

b. Property Owner

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

c. Designer/Engineer/Architect

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

d. Designated Contact Person

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

3. PROPERTY/PROPOSED DEVELOPMENT INFORMATION:

a. Legal Description of Property included in the Site Plan (project boundaries) _____

b. Site Address _____

c. Tax Parcel No. _____

d. Site Size _____ sq.ft. _____ acres

e. Site Zoning District _____

f. Adjacent Zoning Districts (all sides): North _____ South _____ East _____ West _____

g. Proposed Use/Brief Description _____

h. Total sq.ft. Of Main Structure(s) _____

i. Usable Floor Area _____

j. (If Applicable) Number of Residential Units _____

k. Bedrooms per Unit _____

l. Number, Type, and Size of any Accessory Buildings _____

m. Total Number of Parking Spaces Provided - On Site _____ Off Site (if any) _____

n. Project Completion Schedule/Development Phases _____

4. APPLICANT CERTIFICATION:

I, _____, certify that I am the owner or acting on behalf of the owner of the subject property described in Item 3a.

Signature: _____

Date: _____

PLEASE SUBMIT FIVE (5) COPIES OF THE SITE PLAN WITH THIS APPLICATION.